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OPERATING ROOM ROUTINE

BY SISTER M. WILLIAM, R.N.

WHILE the general principles of operating room procedures are the same in all hospitals, there is much variance in minor details of technic. Many hospitals have perfected methods which yield splendid results to themselves though they are entirely unsuited to other hospitals doing a different class of work, managed differently, or differently situated. Each institution must, to a certain extent, develop methods suited to its special requirements, but it may gain much by studying procedures successfully followed in other institutions.

TO get the patient well with as little loss of time as possible; whatever contributes to this end is adopted; whatever does not, is eliminated.

The methods here outlined are not presented as a standard for all hospitals, but merely as methods that are being successfully used in a hospital doing a large amount of surgical work.[1] They have the merit of simplicity which, in turn, implies economy,—economy of supplies, economy of time, economy in the number of employees. "The greater the surgeon, the fewer the fads and instruments," is more than half true. His aim is to get the patient well with as little loss of time as possible; whatever contributes to this end is adopted; whatever does not, is eliminated.

Good technic is not measured by the number of assistants and nurses in the operating room, any more than is asepsis by the pile of soiled linen. The only persons in the operating room arena during an operation at Saint Mary's are the patient, the surgeon, one first and two second surgical assistants, the operating room supervisor, the anesthetist, the sterile nurse, and the non-sterile nurse. The clinic, wearing white cover-alls, occupies the gallery. The anesthetic is administered in the operating room and the preparation of the operative field goes on at the same time. This saves from fifteen to twenty minutes on each operation.

The surgeons begin their work at 8:30 a. m., and continue until the schedule of operations for the day is completed. Emergencies of course have the right of way at all hours. The schedule for the day is sent to the hospital the preceding afternoon so that preparations can be made accurate in respect to the kind and amount of material required.

[1] St. Mary's Hospital, Rochester, Minn.

1. Operating Room, Showing Gallery

In the evening the autoclave and boilers are prepared for the next day's work. In the large boiler are placed:

the pan and tray used on the sterile table to receive the instruments
two basins to hold square packs
four or more packages of square packs
one long pack or more.

Into the small boiler

the basin for holding instruments
safety pins and Jones clips
pan containing lifting forceps.

Water is run into the boilers the following morning.

Basins are wrapped separately in cloth (remnants of worn-out sheets and gowns may be used for the purpose) and sterilized in the autoclave for one hour. When basins are taken out, surgeons' gowns for five cases are put into the drum and sterilized for one hour. The drum is then removed to the operating room and the gowns are taken out the next morning as needed.

After the drum is removed, the following are put into the autoclave:

laparotomy sets
breast sets
goiter sets
dressings
sponges
towels
large and small specimen pans
alcohol bowls
iodine bowls
square pan containing gauze for iodine and cotton for pledgets
covers for screen
sleeves for cautery
large curtain for operating table
small sheet for table
covers for faucet.

They are sterilized for one hour and unpacked next morning.

Extra laparotomy sets, breast sets, goiter sets, towels, dressings, and specimen pans are kept sterilized. If not used within a certain time they are re-sterilized.

Gloves

Gloves are all tested and if necessary, mended. They are then boiled right side out for fifteen minutes, hung up to

dry, turned, powdered on the wrong side, and turned right side out. Next they are sorted as first, second, third, and fourth class,—the first class, for surgeons, are unmarked; the cuffs of the second class are turned back two folds to mark them for the surgical assistants. The remainder are marked for the nurses by inserting the cuff of one glove into the cuff of another. Gloves are put together in packages of six pairs and are boiled fifteen minutes as needed.

Scrubbing Up

Hand sterilization calls for scrubbing hands and arms with soap and water for at least ten minutes. Surgeons' Jumbo, Ivory, or Green soap is used under taps of running cold and hot sterile water. An ample quantity of soap is rubbed into the hands and arms and worked up into a lather; nails are cleansed with a file; hands and arms are rinsed, rescraped, and finger nails and palms scrubbed with brush or gauze. Then follows thorough rinsing in water as hot as can be borne so that every trace of soap is removed; after that the hands and arms are rinsed in 70 per cent alcohol and the finger tips are dipped into 5 per cent iodine or into Harrington's solution.

Setting Up a Room

At 6:30 a. m., the large boiler is filled with water and the steam is turned on so that square packs may boil for an hour. Into the small boiler are put three gallons of water and three ounces of Wyandotte soda, for sterilizing instruments.

At 7 a. m., the pan containing the lifting forceps is taken out of the small boiler and placed on the table in the sterilizing room. With these forceps, towels are taken from the drum and the sterile table is covered with them. On it are placed the pins, clips, and basins, which have been sterilized in the instrument boiler.

In the small boiler are placed

straight forceps
short and long curved forceps
Backhaus clips
long tissue forceps
fibroid hooks
tenacula

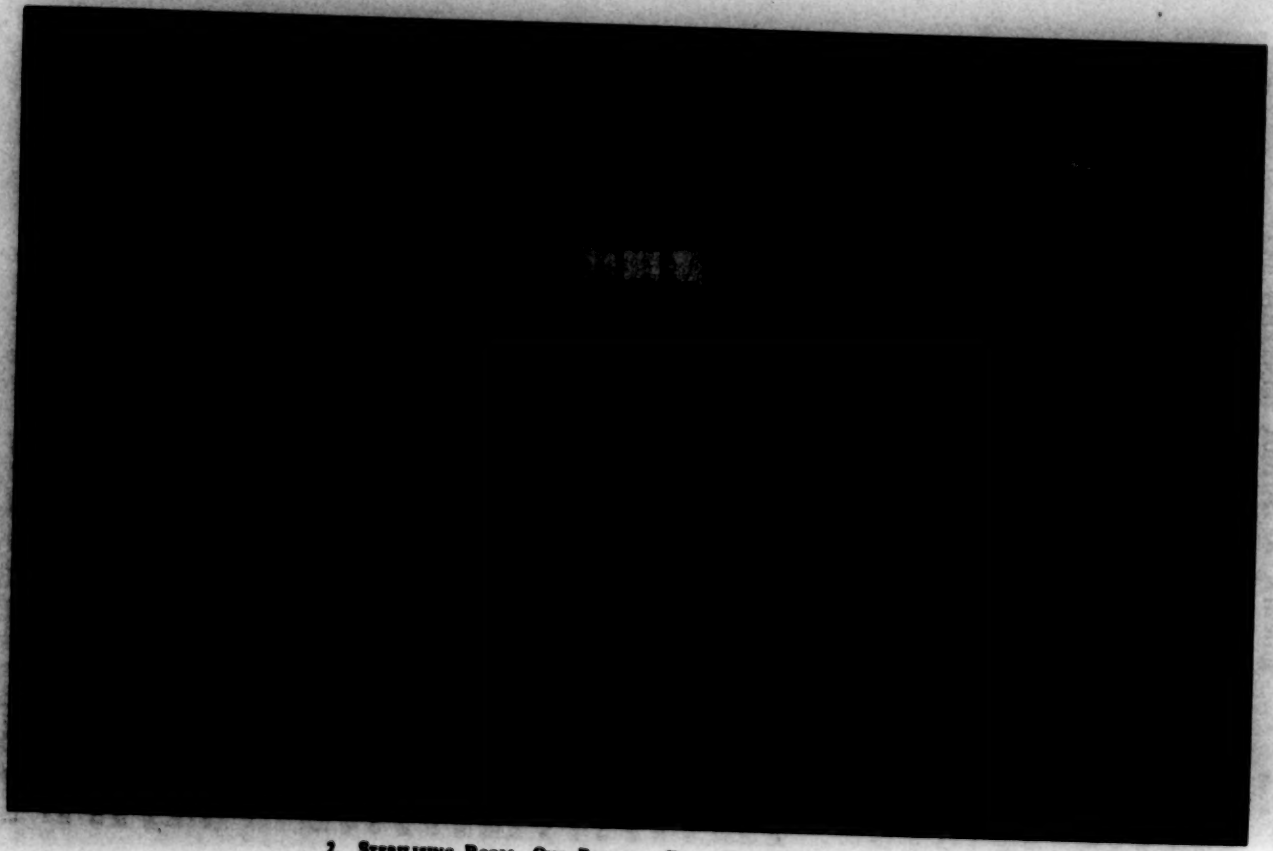
and a pan containing

scissors
pointed forceps
stomach clippers
needle holders
appendix inverters
tissue forceps
discarded forceps, marked, to be used in handling gauze for painting with iodine gloves, which should boil fifteen minutes (for sterile nurse).

All cutting instruments, knives excepted, are boiled for ten minutes; other instruments may boil from twenty to thirty minutes.

As many knives as the day's work will require are put into carbolic acid solution for at least one-half hour or else they are placed in a sterile pan lined with sterile gauze or cotton to protect knife edges, and are boiled for three minutes. The sterile table is draped with a sterile sheet and towels; with sterile safety pins and Jones clips, a large curtain is attached to the rod of the sterile table.

The non-sterile nurse brings from the large boiler the instrument pan and tray and two basins to receive the instruments and sterile packs; then she puts the gloves on to boil for fifteen minutes,



2. Sterilizing Room—One Between Each Two Operating Rooms

sterilizes her hands, and ties the water faucets with sterile cotton and gauze.

The sterile nurse drapes the basin stand with sterile towels and places on it the pan containing sponges, cotton pledgets, forceps for handling iodinized gauze, a bowl of alcohol, and a bowl of iodine.

With lifting forceps the non-sterile nurse brings the instruments from the small boiler and places them in the tray on the sterile table; the sterile nurse arranges them and covers them with a sterile towel, (Illustration 3).

The non-sterile nurse places in the small boiler

extra instruments
tubes for drains
safety pins
needles
syringes
Jones clips

and on the basin stand she places a sterile basin containing plain water and another containing 1:10,000 bichlorid.

Then she places in cups on the table

catgut taken from the five per cent carbolic solution
silkworm taken from the four per cent iodine solution
Silk taken from the seventy per cent alcohol solution.

The knives are taken out of carbolic solution and put into seventy-five per cent alcohol in a sterile pan until needed. Dermal is stripped of two outer covers and boiled for two minutes. Extra instruments and dermal are put into the drum.

At 7:45 the surgical assistants and the anesthetist come to the operating room.

The first assistant scrubs up for ten minutes.

The anesthetist prepares ether, masks, cotton, and any other supplies she may need.

The orderly telephones for the patient and the nurse brings him to the waiting room.

At 8:15 the surgeon arrives and the second assistant informs the operating room staff.

The second assistant brings the patient from the waiting room and introduces him to the anesthetist and nurses.

The patient is assisted to the table; the anesthetist takes his bathrobe and slippers and places them on the carriage in the hall.

The non-sterile nurse cleanses the operative field with 1:1,000 iodinized benzine and then with ether. (Soap and water are used for hemorrhoids and fistulas; in vaginal cases, iodine is applied after the vagina has been cleansed with alcohol.)

The first assistant applies to the operative field two coats of iodine; the first is allowed to dry before the second is put on.

Further preparations vary with the nature of the operation.

The assistant puts on sterile gown and gloves.

The sterile nurse and first surgical assistant drape the patient.

When the surgeon is ready to operate, the second nurse switches the signal light on the bulletin boards and the clinic files into the gallery.

The second assistant reads the history of the case.

After the Operation

When the surgeon has finished his work, the clinic files out. At Saint Mary's Hospital, the surgeon has two second assistants who alternate at the

3. Stable Table

operating table. The one who is not assisting at the table has the next patient in readiness.

The orderly brings in the carriage for the patient and places it beside the operating table. The anesthetist lifts the patient's head.

The two second assistants take position opposite each other, one beside the carriage and the other beside the operating table. The assistant next to the table extends his arms under the patient, one arm under the shoulders, the other under the buttocks, raises the patient, grasps the hands of the assistant opposite, who by a straight pull brings the patient gently and easily to the carriage.

One assistant accompanies the orderly taking the patient to his room, makes sure the bed has been properly warmed, sees that the patient's condition is right, puts him in charge of a nurse, and writes orders for him. Meantime the other assistant and the anesthetist dress the table, prepare towel, jacket, sheet, and blanket for the next patient, and have his history at hand. The routine proceeds for the next case.

SEVERANCE HOSPITAL, SEOUL, KOREA

By Anna C. Jammz, R.N.

IT was the coldest day Seoul had had thus far this winter. I was en route to Peking from Tokyo, via Korea (Chosen). It was a beautiful run through rural Japan from Toyko with a stop-over at Kyoto, and then on to Shimonoseki where I took the night boat for Fusan. All day we passed through Japanese villages and skirted the shores of the Inland Sea; the day was brilliant and the sunset over the sea near Myrojima was something always to remember.

It was like awaking in another planet at Fusan to see the transformation in dress from the Japanese to the Korean. The large stalwart Korean men and women in white voluminous garments, walking quickly and erect, often carrying great loads on each side, or on the head; often walking beside their patient bullocks dragging the loads of produce or merchandise to and from the ships in port, a vigorous, but quietly spoken race.

From Fusan to Seoul it grew colder as we went north. The stops at the stations were made interesting by the numbers of Koreans who flocked there and the variety of their costumes. Afar in the fields and on the mountain sides they could be seen working in their white garments; frequently we passed their mushroom-like villages. Their habitations are built of mud, low and round, with a round brown thatched roof which gives the appearance of a mushroom, and as they build their homes close together, the villages looked like clusters of mushrooms. It seems remarkable that such white garments could come out of these low mud huts. I noticed some women washing through a hole in a frozen stream.

It was intensely cold when I arrived in Seoul in the evening and I was glad

of the shelter of the comfortable Chosen Hotel. The next day, New Year's, was a holiday; the city was very quiet and no shops were open. I found my way early to the Severance Hospital which is connected with the Severance Union Medical College. One approaches it through the beautiful South Gate, built several centuries ago, which was a part of the old wall. I soon found myself at the hospital and in the Nurses' Home talking with a group of American nurses, and I realized as never before the great fellowship of our profession. Zola Payne, graduate of Indianapolis City Hospital, is in charge of the hospital and of the school of nursing. She has with her four foreign nurses acting as heads of departments. The hospital can accommodate about one hundred patients. There is a large out-patient department, having on an average two hundred patients a day. I was sorry not to see it in action, but because it was New Year's day, there were no patients.

The school is for Korean nurses only. There were then thirty-three students. The course covers three years with a probation of six months, which I found was the usual length of the preparatory period throughout the Orient. Considerable time is necessary for the preliminary work, as the Japanese and Korean women must be taught slowly and the instruction repeated until it is thoroughly grasped, but once this is accomplished it is rarely forgotten. The Korean nurses are excellent students, and in the course of my rounds in the hospital I found them at their studies. They are hampered by not having textbooks, as they use the Japanese language and there have been no textbooks translated and no original texts. There is great need of this in the schools of Korea. At the Severance Hospital during the six months probationary period, the students are on duty for two hours a day for practice work in the wards and supply rooms, the remainder of the time they are in the classroom. The classes commence twice a year, and there are enough applicants to afford a good selection; many drop out due to lack of education. Education was very much retarded in Korea until the Japanese took charge, now the schools are coming up, notably the schools for girls. The course of instruction for the student nurses follows largely the plan of the Standard Curriculum. The foreign nurses teach in English, which is interpreted into Japanese. The physicians give part of the instruction. The students pay a tuition fee of ten yen ($5.00). They receive during the first year fifty sen (25c) a month. During the second year seventy-five sen (38c); and in the third year one yen (50c) a month. The eight-hour system is observed, and the students change at seven, three and eleven. I saw the students at their noonday meal (tiffin). They were most intelligent and alert looking young women in their attractive blue and white uniforms, the probationers wear the native white dress which is full, of good length and very comfortable. They were partaking of their native food and using chopsticks. Their matron or house mother was present, a motherly attractive middle aged woman dressed in the native Korean costume. They had a good class and demonstration room; a Chase doll was en its way from America, a present from Pomona, California. Their sleeping rooms were meagerly furnished, but very neat and

clean; they used beds. The students were rejoicing in beautifully colored, large wool scarfs which had been sent to them for Christmas by the nurses of Pomona Valley Hospital, California. Miss Lawrence, the nurse in charge of the out-patient department, is a graduate of Pomona Valley Hospital and has interested her alumnae and others in Pomona, from whom the generous gifts were forthcoming. It meant so much to these little students, this touch with their American sister nurses.

As for the hospital, one might be fastidious as to equipment, beds, linen, furnishings, but when it is considered what is being done by the doctors and nurses, and the spirit that is behind it, beds, straw mattresses, dark linen, even ragged linen, are of small consequence. "Are you happy here?" I asked the nurses. The light in their eyes was sufficient, and the ready response, "I would not care to be in any other place" told what was back of their work.

There is a fine organization of graduate nurses, composed at present of foreign nurses and called the Occidental Nurses' Association. I asked about their meetings. These are held annually, and more frequently if necessary. The nurses are very scattered in the country, distances are great, and means of transportation limited. They have to come by various ways, ox-carts, horseback, rickshaw, or on train, if fortunate enough to live near the railroad. I had the pleasure of reading the minutes of their last meeting, held in Seoul, which showed an excellently well conducted meeting and some active work. One activity upon which they are launched is a translation into Korean of Pope and Maxwell's "Practical Nursing" which will be done at the expense of the organization. Ethel Butts, superintendent of nurses at Pingyang Hospital, is president of the association. They contemplate organizing the Korean nurses into an organization called the Korean Nurses' Association in order that the graduates of Korean schools may conduct meetings in their own language.

Altogether it was an inspirational visit and I came away feeling awed by my brief contact with these nurses and the fine spirit of their work, and as I walked again through the beautiful old South Gate I felt it would be a New Year's day of wonderful memory.

"When we finally recognize the fact that the American child is a country child and that he comes into the world far from medical and nursing service, when we reach out over the plains, down through the valleys and swamps or climb high beyond the hills, into the fastnesses of remote mountains, we shall find the backbone of the country and really reach the crux of the question, the heart, the brain, the brawn of the American nation."—*Frances S. Bradley, M.D.*

From an address given at the convention of the American Child Health Association, Detroit.

OHIO'S GIFT TO NURSING EDUCATION

At a recent meeting of the Board of Directors of the Ohio State Association of Graduate Nurses it was voted that $400 be given to the National League of Nursing Education.

The Ohio State League of Nursing Education Board of Directors at a meeting held the same day voted $100 toward the support of the National League of Nursing Education.

A BED FOR HELPLESS PATIENTS

A bed designed for the care of unconscious or other patients at the Henry Ford Hospital, Detroit. It is an adaptation of the sliding sides long in use in cribs to a standard Simmons bed with attachments.

THE PRIVATE DUTY NURSE AND THE REGISTRY[1]

By Elvira Neubauer, R.N.

YOU have all, I trust, read the splendid article in the September number of *The American Journal of Nursing*, by Elizabeth Gibson, entitled The Private Duty Nurse: A Pioneer Health Worker. What wonderful credit and honor she has given to the private duty nurses for the progress which has been made in the nursing profession. May we continue in our efforts to strive onward and not become discouraged at any time, for the problems which confront and perplex us today, though they may appear like huge boulders, cannot be any more difficult to clear away than those of the past.

One of the problems of the private duty nurses of today (I mention the private duty nurses because it seems to affect them mostly) is the Official Central Registry, better known to all of us as The Wisconsin Nurses' Club and Directory.

The registry should be of interest to every nurse, but there is no doubt that its main service is to the private duty nurses; therefore we should do all in our power to improve and perfect the registry, so that what has been accomplished up to the present time shall remain, and that the ever arising new difficulties, problems, and obstacles, which will appear, possibly due to progress of time and new demands made upon the nursing profession, may be solved and cleared.

The Wisconsin Nurses' Club and Directory is not a local registry, inasmuch as we register graduates from every part of the state and many from other states, also nurses are not only sent on cases in Milwaukee and vicinity but to cities and country towns all over the state. It is not my intention to find fault, but rather to bring before a large number of sister nurses some of the criticisms which have reached me, so that we may face these rebukes and judge who is to blame so that, when corrections are made, the registry, as well as the private duty nurse may profit.

Have we who are here today studied the aim and usefulness of the registry to the doctors, hospitals, and the inhabitants of the entire state, as well as its benefit to us? Have we who know of its value and service, recommended, upheld, and supported the registry at all times? Or are some of us guilty of having used the registry merely as a convenience and given naught but our dues in return? Not so long ago I heard a nurse say, "Well, I paid my dues and I take very few cases from the Registry; they should be satisfied." It is true there are many who pay their required amount in dollars and cents promptly, which is greatly appreciated and very essential, but they shift the responsible work upon "the willing few." Oh, that we might all remember that our dues are not paid unless we give of our time and energy.

How many nurses are guilty of having a long list of "I will not take" below their names on the registry card? I

[1] Read at the convention of the Wisconsin State Nurses' Association.

grant there are instances or long periods of time when some nurse, either due to some recent illness or some unusual amount of responsibility, is prevented from taking out-of-town or certain kinds of cases, but could not some of the long list be eliminated? Or, if not, in some cases, is it not possible to have a personal interview with the Registrar and discuss our impediments with her and compromise or solve the problem in such a manner as will be satisfactory and beneficial to the Registry and to the nurse? Just how could the Registrar know of our misfortunes or afflictions unless we communicate with her? and then surely we can expect consideration and coöperation in return.

There are many kinds of cases, one call comes from a hospital, another comes from a doctor out in the country, there are two nurses on call, one has just reported for the first time in several months, because she has had a fracture, surely this nurse should be sent to the hospital case, where she can give as good service as though she were in perfect health and can perform her duty without undue danger towards her weak member, and the other nurse sent to the country case. Such harmonious conditions will exist if all strive for the same goal and seek the welfare of the Registry as well as the welfare of the private duty nurse.

It was only last month I had the pleasure of relieving the Registrar for a few days; the experience was somewhat of a revelation. I shall relate a few of the difficulties which I encountered: I arrived early at the Club and the Registrar departed within an hour. Left to myself I looked over the cards of the nurses on call and did recognise a familiar name. During the morning two more nurses reported for duty; they were friends and graduates of the same Training School; they registered about two hours apart. It so happened that the first to register had below her name on the registry card, "Will not take Ob's, contagious, typhoid, drug addicts, alcoholics or out of town cases." The second nurse did not have a long list. A call came from a near-by country town; the doctor wanted a nurse for a country case; there were at the time four nurses on call and the very last one to register was the only one who did not have on her card, "Will not go out of town." I telephoned her, gave her the particulars and directions. She thanked me and must have gone. Within half an hour the telephone rang. I answered. "Could you explain to me why my friend who, I know, did not register until noon was sent on a case ahead of me, when I registered early this morning?" Neither the spirit that prompted such a question nor the voice that transmitted it were what I would call pleasant. For a moment I was not so certain but that I had made a mistake, so I asked for her name as well as the name of her friend. With both cards before me I said, "Miss Blank, you have on your card, 'Will not take Ob's, contagious, typhoid, drug addicts, alcoholics or out of town cases,' is that correct?" "Yes," was the answer. My reply was short but to the point: "Your friend, Miss Blank, was sent to an out-of-town case." She did not apologise though she is forgiven, for her voice which said, "Oh, was it?" was very humble and I'm sure she realised her error.

Time and again a nurse will report

for duty and when called will not be in,—often much precious time is wasted by useless telephoning, because a nurse has gone out for several hours, and has taken a chance. We cannot expect to keep our place on the list by such careless habits. During the busy season or times, this means very little loss, but when there is a lull in the work and you or I lose our place on the registry, when it means days and often a week or more loss of time, we are apt to hear murmurings of discontent and heavy complaints voiced against the registry, all of which might be prevented by a little more forethought. Whether our absence be for business or pleasure would make little difference, our trip could be undertaken with a care free spirit if we had reported our plans, for surely we ought to expect some consideration when we work faithfully and are loyal to the registry.

In many instances the position of the Registrar is very trying, especially when an urgent request is made to send a nurse to a very ill country patient and the nurses on call refuse to go. Just how much thought has been given to the cause of such refusals, I do not know. I doubt if there are many nurses who would refuse to go on a case, though they may be registered against it, if a special appeal is made. Maybe we have a legitimate right to refuse to go; our reserve strength may have been taxed to the utmost on our last case and we feel that to go on another hard and long fever case and lose many nights of proper rest and endanger our health would be sheer folly. Have we not all heard, when some nurse has broken down from overstrain, "She should not have taken such a hard case," or "She should have asked for relief sooner," or "Why did she take the case?" In our ardent desire to do our duty we often fail to notice the danger signals of overtaxed strength slowly undermining our health.

It is impossible to judge the amount of strength required on any case. One patient may not be so seriously ill, yet the demands and the nerve strain may be sufficient to wear out two nurses. Another patient may be very ill and require a great amount of attention and work, but the cheerful atmosphere and surroundings help to lighten our labors.

It seems to me that the hardest task we are asked to perform, very frequently, is to take repeated short cases. This is more difficult than it seems, for being with a patient only a day or two, usually beginning the morning of the operation, we give up our hours on the first day; the first night or two our rest is broken often, and we leave late on the second or third day and report for duty, only to be sent out on another short case, tired and weary.

Have we all been so busy in other lines or branches of the profession? If so, let us in the coming year show a more conscientious and keener interest towards the registry.

Are the older graduates, are we as private duty nurses in our sojourn at the various hospitals, properly impressing and arousing a keen interest for the registry amongst the nurses who are about to graduate? Are we faithfully availing ourselves of every possible opportunity to influence these young graduates? Do we let them feel that we really want them and are interested in their welfare? Much has been done by the program of the Fourth and Fifth

Districts to bring about a keener interest between the graduating classes of the various hospitals and graduates, through the social evening at the club. May we have similar gatherings in the coming year and may they serve to arouse the enthusiasm of all the Senior nurses as well as strengthen our own bonds of interest.

Just like any other private duty nurse, I am called to various hospitals, and I admit that the interest in The Wisconsin Nurses' Club and Directory is very noticeable in the graduating classes of the hospitals whose superintendents have turned their private registry over to the Directory and have refused to call nurses on special duty to their respective hospitals who have not registered at the general Directory. On the other hand, in the hospitals where the private registry has not been turned over to the general registry, the graduating class has scarcely heard of the existence and true value to the profession of the Wisconsin Nurses' Club and Directory.

While speaking to several of the nurses in the graduating class in a hospital like the last mentioned, we were discussing the general registry, its beneficial and time-saving service, when one of the Senior nurses spoke up rather sharply and said, "Oh, yes, that is all very fine, but why spend ten perfectly good dollars when our hospital will give us all the work we want?" Is this nurse so near through training at fault for such careless and lax attitude towards the registry, or has some older graduate been thoughtless in the way she expressed her attitude?

Why do so few hospitals, only three, realize the importance and benefit to the hospitals, doctors, and nurses, of the Wisconsin Nurses' Club and Directory? Is it justice to the young graduates to send them out from the hospitals with so little knowledge of their duty towards aiding the progress of their profession? Is there not some way by which we, as private duty nurses, could arouse sufficient interest among the superintendents of the hospitals, so that they may realize how great the advantage may be of a little instruction along this line to the graduating class, how much depends upon such information? How could it do anything but "elevate the standards of the profession?"

INFORMATION WANTED

Information is desired regarding the whereabouts of Jeanne Parisien, Nurse, French Canadian, last heard from in January, 1923, when on the staff of the City Hospital, Scranton Road, Cleveland, Ohio. Communicate with Madam E. Richard, 250 Sherbrooke Street, West, Montreal, Canada.

MEMORIAL ADDRESS[1]

By John M. T. Finney, M.D.

WE are gathered here today to pay homage to those of our comrades and friends who, during the World War, laid down their lives in the cause of justice and liberty and to unveil this beautiful tablet of bronze erected to perpetuate their memory. It is fitting that we should pause for a moment to consider just what their supreme sacrifice has meant to the world, to our country and to ourselves. We should not forget that these, our honored dead, represent but an infinitesimal fraction of that great multitude of those "whom no man can number," who, during the World War, laid down their lives willingly, yes gladly, for the cause of freedom, justice, and honor, as opposed to dishonor, frightfulness and force. Multiply our feelings of loss, our heartaches and yearnings for those who are gone never to return, by those of that vast throng of other races and tongues, who mourn as we do now, and try, if you will, to comprehend the measure of it all, the extent of grief, the sense of loss, the ruthless destruction and wanton waste. Then think of the causes back of and responsible for it all,—selfishness writ large, greed of gain, lust for power upon the part of one misguided nation led by a vainglorious, self-styled inspired warlord, now a fugitive from justice, a prisoner interned in a foreign land whither he had ignominiously fled to escape retribution. As a result of his madness, the whole world has been plunged into a state of chaos and confusion from which, up to the present moment, there has been found no safe and sure release. What has been gained by all the suffering, the loss of life and limb and property, the social unrest, the international hates and suspicions, the lowering of moral standards, national and personal, that flow from wars such as this? Is there no lesson in it all for us who survive, for the nations of the earth, for our country? Have the sacrifices of these, our brave and heroic comrades, been made in vain? Is the world to become worse rather than better by reason of what they have suffered? Are the nations of the earth still to continue, in spite of international peace leagues and disarmament conferences and such like, to go on stealthily piling up their armaments, reconstructing and improving their various engines of war, and all the while manufacturing poisonous gasses of still deadlier power, in order, when the favorable time comes, again to unleash the dogs of war? God forbid! Rather may we not hope with confident assurance that finally, by reason of the very sacrifices that have been made, the nations of the earth may come to see and to know, by actual experience, the truth of the ancient proverb, "Righteousness exalteth a nation, but sin is a reproach to any people." The blessed heritage of the lives of these, our comrades in arms, the good fight that they have fought, the record of how

[1] Read at the services held at the Army Field Medical School, Carlisle, Pa., October, 1923, when a memorial tablet was dedicated to the memory of officers, nurses, and enlisted men of the Medical Department who died in the World War. Somewhat abridged.

well they have kept the faith, the memory of their splendid achievements cannot, must not, fail to be a constant stimulus to higher thinking and better living to us who knew and loved them, and to those who shall come after us, until the end of time.

We, as present and former members of the Medical Corps of the Army, may well be proud of the part played by the men and women composing that important arm of the service during the late war. When the call came, the Medical Profession, as a whole, responded with commendable alacrity, and the whole-hearted devotion to duty, and the remarkable efficiency manifested by them, as a whole, has reflected great credit upon our Guild. What has just been said of the medical profession applies with equal force to all other departments of the service, but more especially, perhaps, to our sister profession of nursing. Nothing could have been finer than the way in which the nurses responded and volunteered for service, both in the field and in the hospitals, in this country and abroad. This splendid exhibition of patriotism was only surpassed by the unselfish devotion to the welfare of the soldiers which at all times characterized their ministrations. And what could have been more inspiring than the splendid service rendered by the enlisted personnel of the Hospital and Sanitary Corps? The many instances of personal heroism performed by individual members of the entire Medical Corps furnish one of the most brilliant chapters in the history of the World War. Where the standard of excellence in the performance of duty was so uniformly high, it would be invidious indeed to try to make distinctions, to mention one group without the others. From the greater prominence of their position, the accomplishments of the commissioned officers were of such a character, perhaps, as to attract more general attention, and thus become more widely known. They speak for themselves. But those who were in a position to know the facts are very familiar with the splendid work done by the entire nursing corps of the Army, both in France and this country. The remarkable results achieved in the low mortality rate of the World War could never have been obtained without the hearty coöperation of that noble body of women who, as nurses, so freely gave their all to the care and attention of the sick and wounded. Many a doughboy who, wounded and ill and homesick in a foreign land, his sufferings relieved, his wants supplied, and himself nursed back to life and health by their ministrations, will "rise up and call them blessed." Their heroism so often displayed in the face of danger, their fortitude in undergoing hardships and their unfailing cheerfulness through it all, contributed more to the building up and keeping up of the high morale of the Army than can possibly be estimated. The wholesome effect of the very presence of the nurses in the hospitals, and their eagerness to undergo the same hardships and dangers as their brothers in the trenches, was most beneficial. The willingness to make the supreme sacrifice, if necessary, was well-nigh universal, and that some of them were actually called upon to make it, is attested by the erection of this tablet.

Could anything be more heroic or worthy of higher praise than was the character of the services rendered by

the enlisted men in the various branches of the Medical Corps? To go over the top, armed with rifle and pistol and other weapons of offense and defence, is one thing. But it was quite another to go over armed only with litter and splints and dressings and bandages, and to meet face to face a hostile foe, reputed to pay little respect to the ordinary amenities of war, no more indeed than to "a scrap of paper." Their duty was to go to the aid of wounded comrades lying helpless upon the battlefield where the shot and shell were flying thickest, and in gravest peril of their own lives, to render aid and succor. How well they played their part is witnessed both by the high mortality rate among the enlisted medical personnel as well as by the comparatively low mortality rate of the Army as a whole. The long roll of names of enlisted men commemorated by this tablet speaks eloquently of their devotion to duty. When the history of the war comes to be written, the many deeds of unselfish valor performed by unknown heroes in the ranks will merit a large place.

5772 members of the Medical Corps, as a whole, made the supreme sacrifice, a truly remarkable record of devotion to duty.

It will be seen from the statistics obtained from the records of the Surgeon-General's Office that the Medical Corps suffered a higher percentage of casualties than did several divisions of the combat troops. The unprecedentedly low mortality rate of the World War speaks in loudest praise of the excellence of the service rendered by the Medical Corps of the Army, in all of its branches. This was the first war in history in which the number of those killed in battle and who died of wounds exceeded the number of those who died of disease.

But great as is the lesson to be learned from the self-denial and heroism and duty well performed by these our comrades, whose virtues we extol, yet, if I mistake not, there is another and even greater lesson for us to learn from their spirit of sacrifice and consecration. If any virtue goes out from occasions such as these, if any good is to come from them, it should be (it can only be) in the effect that they have upon those of us who remain. Paraphrasing the language of our great martyred President, used upon a somewhat similar occasion not many miles from here: We cannot dedicate, we cannot consecrate this tablet. The brave men and women who struggled and died have consecrated it. It is for us, the living, rather to be dedicated here to the unfinished work which they have thus so nobly advanced; to rededicate ourselves to the great task remaining to be done; that from these honored dead we may take increased devotion to that cause for which they gave the last full measure of their strength; that we here highly resolve that these dead shall not have died in vain. In spite of the selfish machinations of petty politicians posing as statesmen in high places, who are willing to put personal considerations above patriotism, politics above statesmanship, we will not be discouraged, but will continue to "carry on," as we believe these, our devoted dead would have done and, by the same token, would have us do. These same misguided politicians have, by their selfish, shortsighted policy, been responsible for the real tragedy of the war, namely, the

failure of this country to assume and maintain its rightful place as the leader of the world in international righteousness. The age-old question, "Am I my brother's keeper?" is still pressing for an answer, and will continue to do so until we, as a nation, are willing to abandon our selfish position of so-called "splendid isolation" and take our rightful place in the councils of the nations and accept our full share of responsibility and exert our power and influence in the proper solution of the many problems so sorely perplexing the less fortunate nations of the earth. No question is ever really settled until it has been rightly settled. One may cry "Peace, Peace," but there is no peace, nor can there ever be any lasting world peace until this country, as a member of the family of nations, is willing to relinquish its present policy of selfish aloofness and to accept and perform its unavoidable responsibility in a world-wide rehabilitation. We, as medical men, gathered here to do honor to our sainted dead, we who, both from the nature of our duties and from the very reason of our being here, know the meaning of war in terms of human suffering, of anguish of mind and of body, of loss of life and limb, it is for us soldiers past and present to raise our hearts and voices in support of those principles as embodied in the League of Nations, or an international agreement, call it by whatsoever name you will, that has for its object the abolition of this damnable thing that we call "war," that makes for the settlement of international disputes by more humane and less barbarous methods than brute force, with all of its attendant evils. The continuous development of the airplane and explosive bomb and the discovery and use of still more destructive poisonous gasses will inevitably further revolutionize warfare, and soon make it too horrible even for contemplation. Perhaps this very fact may outlaw it quicker than international leagues or agreements of any kind. Meanwhile, until some such international agreement has become an established fact, and so long as other nations continue warlike preparations, common prudence and the law of self defense will compel us to do likewise, in order not to be taken unprepared.

I should be untrue to myself, to my convictions and to my understanding of the significance of this occasion; I should be false to the memory of our honored dead and their heroic example, if I failed to give utterance to the deep conviction within me, namely, that the real lesson of the war is bound up in the prevention of its recurrence. The world is sick, sick unto death. The only remedy that offers the slightest hope for its recovery is the application, in our international relations of the principles of the Golden Rule. Skeptics may scoff as they will, and call it too idealistic and too altruistic for this materialistic age. But there is that fine balance of international justice so essential for the firm establishment of a mutual understanding and confidence in the family of nations. Without it, all is chaos and confusion. Until all the nations of the earth are willing to work together to this end, no satisfactory solution of these pressing problems need be hoped for. All other specious and spurious remedies proposed from time to time by false prophets and strange political theorists are but as "sounding brass and a tinkling cymbal." Surely statesmanship is

not wholly dead. Provincialism is no fit substitute for patriotism. But in order that this may not happen, and our nation become a reproach and a by-word among the nations of the earth, it is necessary that you and I should speak in no uncertain sound for those whose voices are forever stilled, and say for them the words that we are sure they would have us utter.

CLINICAL MANIFESTATION OF LUES IN THE NOSE AND THROAT[1]

By Andy Carr, M.D.

SYPHILIS in all of its states and types manifests itself in lesions located about the nose and throat. The infection may be inherited or acquired, and all variations of the primary, secondary or tertiary states are encountered. The telltale blemish of the luetic may be visible, or the infectious sores responsible for the innocent inoculation of others frequently are about the nose and throat. Syphilis is usually considered in the light of a venereal disease, but there are countless cases of infection acquired through innoculation from nose and throat lesions. The easily recognised pathological conditions in this region may and surely do many times give forth the first suspicions of the disease. Hence it is of great import that all who are actively engaged in public health work of any kind should be thoroughly acquainted with this phase of nose and throat disease, not only for the good they may do by early advice to the patients, but primarily as a safeguard for themselves. The doctor and the nurse must care for the sick with their hands. A chancre on the finger may be the penalty for failing to recognize active syphilitic lesions.

Lues or syphilis is a chronic, constitutional, infectious and contagious disorder, hereditary or acquired, which may attack any tissue or organ of the body; it is characterised by symptoms referable to the part attacked and is produced by the Spirochete, *Treponema pallidum*. In acquired syphilis, the first evidence of its existence is the initial sore or chancre which appears about twenty-one days after infection. This is called the primary lesion, or the primary stage. Nearly 10 per cent of all chancres are located about the lips, tongue, tonsils or face. The lesion may originate in a scratch or other superficial excoriation, erosion, fissure or herpetic lesion and in these locations is usually contracted during the act of kissing. The chancre is a circumscribed ulcer with clean cut walls, penetrating deeply into the skin or mucuous membrane, and always has a hard indurated base. However, it may assume various typical forms and any lesion of the lips, tongue or pharnyx that persists longer than two or three weeks should surely be looked upon with suspicion. It is important that the primary lesion be

[1] Read at the eleventh annual meeting of the North Dakota State Nurses' Association, Minot, N. D.

recognised, as recognition not only prevents undue exposure of others to the infection, but gives an opportunity for early treatment.

In about six weeks after the beginning of the chancre, more or less generalised cutaneous manifestations appear. This is the beginning of the so-called second incubation period, or the secondary stage of syphilis. Usually at the beginning of this second stage, there is to be seen a pharyngeal or pharyngonasal blush extending irregularly or symmetrically over the parts, accompanied often by engorgement of the tonsils. There may also be associated laryngeal hoarseness, cough, dyspnea, aphonia, and nasal discharge. The classical lesions of this stage are the mucous patches. They are found on all mucous surfaces, but especially in the mouth, where they are most annoying and most persistent. These patches are roundish or oval, flattened or slightly depressed, pale, rosy or whitish spots, covered by a film or membrane beneath which a reddish, raw-looking surface appears. They are most often seen inside the lips, near the angles of the mouth, on the buccal mucous membrane, the fauces, the tonsils and on the tongue. At the angles of the mouth some thickening with consequent fissure-sores unfrequently occur, leaving the telltale scars. In the tonsil region, deep, destructive ulceration may develop. Recognition of the mucous patch is very easily learned, and once this knowledge is firmly established, one may be almost certain of the diagnosis, without history or Wasserman findings. The secretions of these lesions are highly infectious.

Another familiar type of secondary lues found in the mouth is the leucoplastic opaline placque. These are flat, smooth, bluish white, firm, slightly indurated, roundish areas. They occur mostly on the dorsum of the tongue, on the mucous lining of the cheeks and at the angles of the mouth. In the later stages, sometimes designated as the tertiary or gummatous stage, infiltrations of the mucous membrane of the mouth occur in both circumscribed and diffuse forms and may be either superficial or deep. These gummas tend to break down and ulcerate, causing marked destruction in the pharynx, and leave thick contractile bands of scar tissue taking the place of the elastic pillars and pharyngeal muscles. The soft and even the hard palate may be destroyed, connecting the mouth directly with the nasal cavities. The larynx is frequently involved and there results destruction of the vocal chords to a variable degree. As a result of gummatous destruction to the framework of the nose, there is produced the sunken in or saddle nose. This is one of the most characteristic end results of lues in this region.

Congenital or hereditary lues differs from the acquired form by the absence of a primary lesion and usually by greater severity of symptoms. The child may be born with a clear skin, be plump and well nourished, or active lesions may be present from the start.

Of the nose and throat lesions in hereditary syphilis, coryza, more familiarly known as snuffles, is perhaps the most important of the earlier symptoms. The discharge from the nose is due to the specific involvement of the mucous membrane of the nares. At first this discharge is clear and watery, but later

becomes purulent, crusts may accummulate externally about the nasal orifices and interfere markedly with breathing. It is well to remember that any baby with a running nose persisting for several weeks, might be luetic and that it is worth while investigating. The deformed or peg-shaped teeth described by Hutchinson and called Hutchinson teeth, are blemishes found in the older child. All of the other lesions about the nose and throat described under the acquired type are also encountered in the congenital form.

EXAMINATION FOR STATE REGISTRATION OF NURSES[1]

By Harriet L. P. Friend, R.N.

THE whole subject of examination is being given such serious consideration today, there is so much discussion and trial of methods, that one has the feeling that some newer way of testing ability may develop. There does not seem to be any good reason why Boards of Nurse Examiners should not avail themselves of, and profit by, the knowledge gained through an experiment with various types of examination in our colleges. One of these types, the completion test, has been used to a certain extent, in one state at least, in examination of nurses for state registration. This article, however, does not pretend to offer anything in the field of new methods, but will discuss certain features of state board examinations for nurses, given in the usual manner.

The ordinary type of examination as given consists of a number of questions on the various subjects relating directly to the theory and practice of nursing. There may be a different set of questions for each subject or one set of questions may cover several different subjects. There may be in addition an oral examination in and demonstration of practical procedures in nursing by the nurse being examined. In relation to this last type, an examination demonstrating practical procedures is conceded to be of much value as a test of ability, also indirectly in stimulating schools of nursing to perfect methods and to give adequate supervised practice of these procedures. Although an examination including demonstrations is more difficult to arrange for than one merely written, the advantages seem to outweigh the disadvantages. Good arrangements have to be made to handle large groups of applicants in sections, ample thought and preparation are necessary to assemble the equipment necessary, and probably provision must be made for extra examiners by the employment of nurse instructors as assistants. Even though the group of applicants is large and the time is short, experience has shown that a pretty fair idea can be gained of the nurse's ability to perform and her knowledge of underlying principles, and

[1] This is the third and last of a series of articles dealing with the duties of state boards or of inspectors. A few reprints of each article are available at five cents each. These should be ordered from the Rochester office of the *Journal*.

in a sense her ability to meet emergency situations.

Regarding the examination in practical procedures, an interesting suggestion has been made, that is, to have the inspector of schools of nursing add to her other functions that of giving a practical examination to the Senior students in each school, as it is visited. Such students as demonstrate adequate skill could be given credit and excused from the practical examination at the time of their examination for state registration. Such students as could not demonstrate adequate skill would have a chance to perfect themselves before the state board test. There would be time for a much more thorough examination if it were given in this manner and certain other advantages appear. Among these are: stimulation of equipment of demonstration rooms and of methods in each school, economy from many points of view. It is also easy to see that the inspector might be placed in a position of greater helpfulness to the schools in the elaboration of procedures.

Any one who has graded papers written at nurse registration examinations will agree that one of the greatest difficulties apparent from the point of view of the applicant is that of expression. Student nurses need constant practice in writing short concise answers, for the very reason that their knowledge must be in such shape for quick use in emergencies. Short frequent written examinations have proved very helpful. One successful instructor has developed a method of giving one written question at the beginning of a period at least once a week. The question relates to the subject in hand, the students may write for five minutes. Incidentally such questions will help to disclose misapprehensions that are apt to arise in the minds of the students. This practice of short frequent written examinations can be developed in a manner that will add very little to the instructor's burden, and it does interest and develop the students.

Events seem to point toward creating a position for a chief examiner in connection with state boards of nurse examiners. Under ordinary circumstances, to have to make questions for examination is a great burden for these boards, in addition to the days that have to be given to board meetings. Being responsible for examinations, there is, of course, the obligation on the part of the board to review and approve questions. Such questions could, however, very well be gathered by the chief examiner with the help of experts who could also grade the papers written at the examination. One problem is always that of duplication of former questions. Considerable time should be allowed for checking with former questions, certainly the board of nurse examiners has not time to spare for this. Experience seems to show that it is valuable to have written answers submitted with the questions and to ascertain that the questions are well within the range of recommended texts.

In reviewing questions, there are a number of things to consider. First, the function of a nurse is not to treat, therefore a question should never begin with the phrase "How would you treat, etc." Certainly the nurse must be familiar with ordinary forms of treatment, therefore a question might be asked, "What are the ordinary forms of treatment of, etc." Probably a better

type of question is found in "What is the nursing care of, etc?"

The aim in question in regard to nursing care should be to develop the fact that the nurse writing is a safe person to be left in charge of the sick. Does she know why she gives a treatment? Does she understand how to prepare for and perform it, in order to get the desired result? Does she know what the desired result is? Does she know what observations to make to ascertain the result, and does she know what to do if untoward results appear? In addition to knowledge of specific treatment, questions in nursing care should ascertain her knowledge of routine nursing care in surgical, medical, communicable, obstetrical, mental, and children's nursing. If there is not yet provision for a separate paper on nursing of nervous and mental diseases, several questions regarding this subject should be incorporated among those on medical nursing.

Next is the type of question of which the answer is a few words learned by rote. I will quote the classic: "Name three protein foods." It is perfectly possible for a candidate to answer such a question correctly and at the same time to be unable to classify foods, or to plan a protein free diet. Certainly any question on Dietetics should aim to test the ability of the candidate to intelligently use and prepare foods as ordered for treatment. With the emphasis laid on importance of correct feeding in normal life, it would seem that our examinations should frequently contain questions pertaining to feeding of the well, particularly children. The average school of nursing today is giving some instruction in chemistry. While we have not yet made a place for an examination in chemistry as a separate subject, questions relating to chemistry can and should be incorporated among those as applied to appropriate subjects. The same may be said for physics, as it is the foundation for intelligent methods in such procedures as the cold sponge, etc.

In questions on Anatomy and Physiology, it is important to stress Physiology, as a nurse must know the functions of organs, etc., as a part of intelligent practice. A good type of question applies her knowledge of this subject to nursing procedures as: "What happens in the body when a cold sponge is given, a counter-irritant applied, a hypodermic injection given?" It is well to note that a description of a cell, or an organ, may be asked for in the form of a drawing, and this may save many words, as well as giving a clearer impression of the applicant's knowledge.

Questions on meeting emergencies should be given frequently, certainly a nurse must be able to meet medical and surgical emergencies in hospitals and abroad if she is to be given the stamp of approval as a registered nurse. We must know that she is capable of first aid care in fainting, hemorrhage, fractures, convulsions, etc., and of taking charge of emergency conditions, able to direct lifting, carrying, transportation of wounded, etc.

Questions in Hygiene and Bacteriology should aim to show the nurse's knowledge of protection of the patient, the family, the environment, the community and herself from infection. Also does she know how to care for her own health? Does she know how to teach others to keep well? It seems to be

customary to include questions on maternal hygiene with questions on obstetrical nursing, and such questions are of much importance.

Knowledge of mental hygiene grows in importance and every examination for nurse registration should ask some question or questions about this subject.

In order to determine the ability of a nurse safely to use and administer drugs, questions should test her knowledge of ordinary doses and properties of commonly used medicines, of idiosyncrasies and untoward effects, as well as usual effects, different methods of administration, etc. Questions on making of solutions, practical dosage, ought to be included in each set of papers and an answer to these questions should be required, that is, should not be optional. Poisons and antidotes should be given consideration from the point of view of emergency use and of chemical principles involved.

In a test of ability to care for children, as much weight must be given to the care of the normal as of the sick child in the matter of feeding and hygiene. In addition, I believe that there should always be one question relating to the point of view of the nurse in case her opinion is asked in regard to the advisability of exposing children to communicable diseases. She is continually asked for such advice. Such questions will also emphasize to schools of nursing the importance of teaching prevention, as well as care of disease.

Ideals are so essential to a true social service in nursing, and a study of the history of nursing is so essential in forming these ideals, that a set of questions on Ethics and History of Nursing must be framed with much care, the purpose being to determine the applicant's idea of her relation to the patient, the physician, the public, and herself, in the practice of her profession. It is not enough that she should know the text of the Golden Rule and the Nightingale Pledge. She must understand also the implications and obligations of each in application to her practice and have in addition a knowledge of other sources of ideals, as well as the historical background of her profession.

I cannot close this discussion without speaking of the application form for examination from the standpoint of fitness of the applicant. We all recognize the fact that occasionally pressure is exerted that occasions the graduation of a person unfit for the obligations and responsibilities of the nursing profession. Does this not indicate that application forms should be carefully planned, scanned, and ample time allowed for investigation of challenging statements? This seems to be so important that a check in the form of a list of all necessary requirements should be used in determining the eligibility of each applicant from her application blank.

Conducting examinations for state registration of nurses must be viewed as a serious responsibility, assumed by the board of nurse examiners in the interest of the welfare of the community at large. It therefore imposes a necessity for considerable knowledge of the nursing needs of the community and of the best methods for testing the ability of the nurse who is to meet these needs, in order to decide with fairness to each whether or not the stamp of approval of state registration is to be given to the applicant taking examination.

OUTSIDE INTERESTS OF THE PRIVATE DUTY NURSE[1]

By Bessie Patton, R.N.

WE agree with Miss DeWitt that private duty nursing is one of the most important and interesting branches of nursing work. It is certainly as needed as any and combines the obligations of all.

A nurse, whether she be on private duty, institutional, public health work or in whatever field, desires to yield efficient service. The graduate of today is not content with her present condition. She seeks improvement. She knows if she stands still and lets others go ahead she will lose ground. There is an evolution in the world that she cannot stop, though she may hinder it. She can only maintain her position by having ideals and living as near to them as she can.

This means that she has professional obligations. That she must not allow herself to get into a groove. She must be apt to learn. She must be adaptable to circumstances. She must be progressive. The nurse who was up to date yesterday is a day behind her sister nurses in her reckoning, if she sleeps for twenty-four hours and neglects to tear the page from her daily calendar. The nurse who neglects to read her *Journal* for a month is behind the times. All this goes to say that outside interests are necessary.

We strongly urge every private duty nurse to have a hobby. Let her become interested and active in the affairs of life, that she may not stagnate in the professional field of nursing. We are not especially particular, and are somewhat prone to suggest any certain outside interest, but we do advocate and encourage some wholesome interest in the world other than her chosen profession. It goes without saying, nurses have a wonderful part in the plan of the universe, and it is more or less up to the nurse herself if she is to be a real help, or a real detriment.

A very great factor in efficiency is health. Health comes before knowledge and also has an important bearing upon character. Health is the deciding influence of life, yet its importance is usually ignored. It is one of God's gifts, given so freely that it is not assessed at its right value. A nurse who does not enjoy good health is certainly not fitted to care for those who are seeking relief from pain, seeking health. If we are to be successful nurses, we cannot afford to take the risk of being inefficient or unreliable as a result of ill health. Nothing breaks one more quickly, nor more surely, than continuous work with no recreation. "All work and no play makes Jack a dull boy." Quite true.

The private duty nurse is very often subject to strenuous days and nights with no relief and very little sleep. In her few hours off duty it is necessary that she sleep in order that she may be able to continue the case in hand. In this manner she is deprived of the glorious outdoors and the sunlight. Sunlight benefits all bodily functions,

[1] Read at the annual meeting of the Indiana State Nurses' Association, Evansville, October, 1923.

stimulates growth and assists in the elimination of toxic wastes. Loss of sunlight therefore reacts disastrously, and the nurse jeopardizes her health, and by so doing lessens her opportunity to give service to those who may need her later.

Any wholesome outside interest in the life of a private duty nurse may be considered an asset in her profession. Nurses, in common with a great many other people, are sometimes fearful of public criticism, and refrain from indulging in several hours of delightful recreation. If this can be successfully overcome, as nature demands, and the nurse becomes enthused and adopts a hobby, she will not only gain personally, but will contribute graciously to the nursing profession and to the world of sickness.

Perhaps the private duty nurse wonders how to spend to the best advantage a few days of recuperation following a very strenuous case. Perhaps it is two or three hours' relief from a delirious pneumonia patient, but whether the time at hand is a few off-duty hours during the day, or an annual summer vacation, the nurse acts wisely in giving it due consideration.

Let us deal first with a summer vacation. We insist that the busy nurse get entirely away from the nursing field and the hospital household. The wisdom of a wholesome variety and the mixing of play with work should drive not only the private duty nurse, but any nurse afield in certain seasons of the year in search of change and recreation. She lives and works in an atmosphere of distress and sickness, and she cannot help being influenced by it. The indoor life is an unnatural life. The graduate of today finds herself confined indefinitely numerous hours, and if she is wise and fortunate, she for a season turns her back upon the scenes of artificial life and seeks the places in the open that have not been defiled by human hands. Let her go where she can look up to the blue sky, and let her roam the fields, or woods or sea; she will be a better nurse for it, and her patients will receive better service, more attention, when she returns.

There are many diversions which are helpful to the practice of nursing,—riding, driving, walking, and the outdoor games. They are all there waiting for the nurse who will let them take hold of her and help her. Walking has much to recommend it. It is an ancient pastime. Among our primitive ancestors it was cultivated as the most approved means of travel. To those in the age of the motor car I commend it. Take with you the society in which, of all the world, you find the greatest joy, and walk the fields, breathe deeply, inhale the breath of flowers, behold the pictures nature has made, listen to the songs of birds; and when you return to work, you will radiate joy just in the proportion that you have absorbed it out of the great world of beauty in which you have sojourned.

The institutional, industrial, or public health nurse leads a more rounded life. She is less apt to be addicted too much to one thing. She has her regular hours and wholesome diversions. Many of these diversions the private duty nurse is not allowed to undertake; but they would lengthen her days. Still the private duty worker would profit much by certain relaxation which she too rarely takes. She needs the inspiration of the

contact with others in her profession. She needs to acquire interest in nursing literature and organization life. She probably needs the meetings of the nursing societies more than does any other class of nurses. At such meetings she exchanges ideas with nurses of larger experience and wider observation than she. She needs to have her faith in certain things strengthened, and her doubts in others confirmed. The pleasure in her work can be much increased by finding the ideas which she has gained from one case agreeing with the experiences in a hundred others. What has been in her mind as an unsettled theory, becomes a solid working fact through the results of others' observations; and she goes back to her work with new inspirations and a firmer hold upon the essentials of her art.

As the practice of nursing goes, most nurses devote themselves so persistently and self-sacrificingly to their work that some form of relaxation does good and helps their minds and bodies; and, in many cases, it becomes a necessity. Properly viewed, this is true, unfortunately. The necessity for a vacation is an acknowledgement that something is wrong; and as a matter of fact, something *is* wrong. Few private duty nurses are doing their work under the best conditions. This being true, there are few nurses who do not need a vacation, or who are not benefitted by one.

The average nurse, in whatever field, must have her summer vacation. She shortens her life without it. Essentially, it is not the summer vacation that is so good, as it is the preceding months of work that are so bad. She has violated the laws of health; the vacation is the therapy, she takes it as a cure to save her life. Better that she should not need the cure; prophylaxis is the thing. Let us hope that we may attain to that state in which work and play shall be so harmoniously combined and progress together so smoothly and naturally that no useful nurse shall envy the nurse who has a great stock of health and nothing more.

Besides all this, the successful private duty nurse requires an open unprejudiced mind. She must be able to talk intelligently on various subjects, must be up to date on current events. It is just as wrong for a nurse to know nothing but nursing, as it is for the doctor to know nothing but medicine, the lawyer nothing but law, etc. Is it not a mistake for a private duty nurse to give up all her natural accomplishments; give up her music, her painting, the things that delighted her heart before she became interested in the great social and economic questions of which nursing is a part? By all means she must not be deprived of the opportunity of continuing her interests. It is unfair. The breadth of her accomplishments adds to her efficiency. If suggestive therapeutics is of value to the physician for the few minutes he is with the patient, how much more important are outside interests and the knowledge of psychology to the nurse who is required to remain and entertain and occupy the patient's time twenty hours out of every twenty-four? From the professional standpoint it is required that the private duty nurse have outside interests.

Without outside interests the nurse finds herself obsolete, a back number and in danger of coming to grief. The wise private duty nurse takes advantage of her off duty hours during the day and

engages in the play which is as productive as is restful repose. Nurses in Utopia, who are untrammeled by the necessity of the dollar know outdoor sports. They know the joy of golf in getting off the long, low drive that goes and keeps on going and contributes to the beating of the Bogey; they are familiar with the satisfaction in winning a close set in tennis; they love the delightful exhilaration of a dash in the saddle through the still woods or across the plains. They return to their patients and minister to them physically and mentally just what is best for them, nothing more, nothing less, that is the only consideration; and their reward is measured by the conscientious devotion, intelligence and skill which they put into the task. We have some few skillful nurses in Utopia but a great many more are needed.

If there is any joy which a human should prize, it is the joy of relieving distress. There is but one greater, and that is the joy of preventing distress. The life of the nurse is spent in the midst of both of these, and she should be the most blessed of mortals. Bacon says: "I hold every man a debtor to his profession." Therefore, out of loyalty to the nursing profession, and love for suffering humanity, let us combine our efforts, and make for perfection outside interests for the private duty nurse.

THE SIGNIFICANCE OF CONVULSIONS IN CHILDREN

By Ida C. Euler, R.N.

CONVULSIONS occur in infancy and early childhood, being relatively uncommon after the seventh year; they are symptoms of trouble rather than a disease.

Causes: They are not always associated with diseases of the brain or nervous system, but are more often due to undigested food in the stomach and bowels (Acute and chronic gastro-intestinal disorders.) Other causes are: Beginning of acute infectious diseases, toxemia from uremia and different poisonings, disease or injury to the brain, tumors, epilepsy and emotional disturbances such as fright, anger, violent crying, etc.

Symptoms: Convulsions are usually sudden in onset. The face becomes pale, eyes fixed, sometimes rolling or crossing and there is a general stiffness of the body. Twitching begins in some part of the body and increases in severity and extends until all parts of the body are involved. The child loses consciousness, the head is held backward, arms flexed and back arched. The movements of the extremities are quick and jerking. The breathing is sometimes suspended, irregular or ineffectual. The child becomes cyanotic especially about the lips. The pulse is weak and irregular. The convulsion usually lasts several minutes, the movements becoming weaker and finally ceasing. The body relaxes and consciousness returns

unless the convulsion has been very severe, then the child may remain in a stuporous condition.

Treatment: The doctor should be called immediately and in the meantime the child should be placed in a hot bath, (100 F), with an ice cap or cold cloth to the head. Something should be placed between the teeth to prevent him from biting his tongue. The nurse can use her discretion about giving a colon flush but the mustard pack, bath, sedatives, and other medication are ordered by the doctor. When the convulsions cease the child should be wrapped in a warm blanket, placed in bed and kept perfectly quiet. Food should be carefully regulated, the child kept in bed for a few days and efforts made to determine the cause of convulsion and measures taken to guard against a repetition. It is important for the nurse to observe all symptoms, character of movements and type of convulsion, so that an accurate report can be given to the doctor.

BLESSED LOUISE DE MARILLAC

(Also known as Mlle. le Gras)

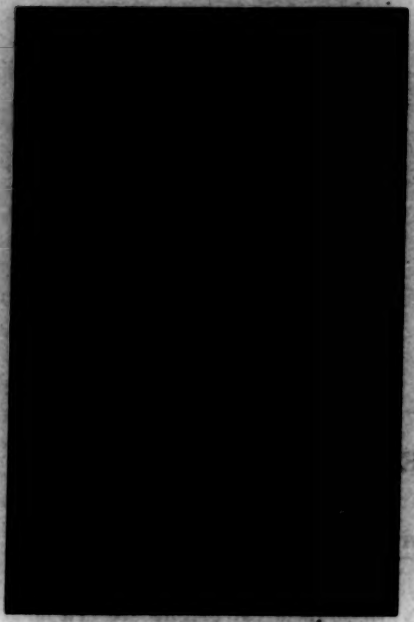
By Anna B. Schwochert, R.N.

IT is difficult for us, being contemporary, to realise the great good done in the world today by organised charity, of which nursing is an important part. This will be easier if we recall the condition of Europe a few centuries ago when the poor, sick and unfortunate were shunned by the society, and charity was practised by individuals only.

The early part of the seventeenth century was an especially dark period in the history of France; the poor were the greatest sufferers. The sick poor were regarded as enemies of the state, and were often left uncared for, to live or die. Just as every time of stress produced its particular hero, so at this period there arose a man, St. Vincent de Paul, whose particular mission was to befriend the poor.

St. Vincent de Paul is fittingly called "the Father of the Poor." He had not gone far in his service when he realised that these poor needed a mother. He looked about him and his eyes fell upon Louise de Marillac who, herself an orphan, was destined to become the mother of many orphans. She was born in Paris, August 12, 1591, was highly educated and practiced great virtue from her tender years. She desired to give herself to God in the cloister, but Providence had other designs for her. At the age of twenty her family, as was the custom at that time, arranged a suitable marriage for her, and she accepted as her husband a worthy man named le Gras. She engaged in works of charity during her married life, and when left a widow at the age of twenty-four, she dedicated the remainder of her life to the care of the poor and the sick. Her time was entirely devoted to prayer, charity, and the care of her son, Michel, whom she loved dearly and who in his youth caused her great anxiety.

St. Vincent de Paul is the originator



O how it does good, only to have God, and to love Him with all your heart.
—*L. de Marillac.*

of all forms of organized charity; many of his theories and principles are just today being applied by the world to its social service activities.

One Sunday, during a sermon, he called the attention of his congregation to a family in need. Immediately that particular family was overwhelmed with attention. When St. Vincent saw this generous response to his appeal, he realised that in a few weeks the same family would again be destitute; he consequently organised the Ladies of Charity. This society soon spread throughout France, and consisted of women chosen from the ranks of the nobility. The demands of their social position prevented personal attendance on the sick, so they sent their servants.

It was at this time that St. Vincent called Louise de Marillac to his assistance, and when he sent her on the first mission as superintendent of the various "Charities," he gave her a solemn and pathetic benediction: "Go in the name of the Lord," he said; "May His Divine goodness accompany you; may it be your consolation on the road, your shade in the heat of the sun, your shelter in the cold and the rain, your soft couch in weariness, your strength in toil, and may it finally bring you back to us in perfect health, and full of good works."

Blessed Louise de Marillac visited a number of the "Charities" scattered throughout France. She advised the ladies about the organization, the work done, and the means employed. She visited the sick, and often personally ministered to their wants. From her experience she realized the need of the service of women whose interests were not divided, and who would devote their lives to the sick.

St. Vincent de Paul secured a house and soon Louise de Merillac was surrounded by willing workers. Many of these were village girls, who did not wish to marry, but chose rather to devote their lives to the sick. They were taught how to care for the sick in their homes, to attend to the spiritual as well as temporal welfare of their patients. Detailed instructions were given them as to the food, the care of wounds, the administration of medicines, the time to be spent with each patient, to devote most to those in the greatest need. This was the beginning of one of the greatest armies of charity in the world today. In his organization of the Sisters of Charity, St. Vincent de Paul did not

wish them to be strictly "religious" and he asked them to bind themselves by a vow only from year to year. To warn them he said: "You are not religious in the strict sense, and must, therefore, be even holier than nuns, since you have greater temptations and less security. If you are not holy you will certainly be lost. You have no grating to shut you off from the world, you must erect one in your inner self, which will be far better."

It was not long before the need of a more extensive training became evident, and on November 29, 1633, Blessed Louise de Marillac and these girls began community life. She, herself, was the first to instruct the Sisters to supervise their service in the homes of the sick poor. It is very proper, then, that the small gray book, containing many of the facts she taught the Sisters, and which today is used in training schools all over the world, should be called in her honor the "Marillac Guide." She remained in active service to the end of her life, in spite of ill health during later years.

Even before her death, which occurred March 15, 1660. Blessed Louise de Marillac had the gratification of seeing her community spread to many parts of the world, and today this vast army of workers has reached every corner of the earth. She was beatified at Rome, June, 1920. Her feast occurs March 15, the anniversary of her happy death.

NOTE.—See also, *History of Nursing*, Nutting and Dock, Vol. I, page 416 ff; *Outlines of Nursing History*, Goodnow, page 34.

SHOEMAKER—STICK TO THY LAST

Recently a visiting nurse in a large city received in a letter from a social service worker of one of the best local dispensaries, a physician's order for a vaginal douch to be given a patient unable to attend the dispensary regularly. It was an irrigation requiring the use of six quarts of water, but the part of the order which especially attracted the attention of the nurse was that one ounce of iodine was to be added to the last two quarts. The nurse had not troubled her Materia Medica unduly since her graduation several years before, but one ounce of iodine seemed to her a pretty large amount; therefore she not only consulted a Materia Medica, but spoke to several other nurses and then went directly to the dispensary, taking the letter with her, and asked the social worker to show her the original order. It was written hastily, as most physicians write their prescriptions, but it was very distinctly written "one drachm," the symbol for drachm being used. When the nurse explained that the difference between an ounce and a drachm in quantity is much greater than the difference between one hook more or less on a druggist's symbol, the social worker had a pretty uncomfortable half hour.

We are frequently asked why we want graduate nurses in the public health nursing field. To the initiated, this discussion has been closed for years; nevertheless it is constantly cropping up. Hospital social workers who are not closely in touch or not in sympathy with the work that public health nurses are trying to do, probably ask this question as often as other professional workers. This is a small point to bring up, but if the nurse, believing that some new treatment was being instituted by the clinic of one of the best-known men in a large city, had gone blindly ahead and carried out this order, whose would have been the liability: the visiting nurse's, the social worker's, the physician's or the dispensary's?

WHO'S WHO IN THE NURSING WORLD

XXXI. LOUISE M. POWELL

BIRTHPLACE: Staunton, Virginia. PARENTAGE: American. PRELIMINARY EDUCATION: Private schools. COLLEGE: Columbia University, Teachers College, B. S. 1922. PROFESSIONAL EDUCATION: Training School for Nurses, St. Luke's Hospital, Richmond, Virginia, 1899. POSTGRADUATE WORK: Hospital for Sick Children, Mt. Wilson, Maryland; Municipal Hospital, Contagious Diseases, Philadelphia, Pa.; Teachers College, Diploma in Education, 1908-10; Teachers College, Second Semester, 1916-17; University of Virginia, Summer Session, 1919; Smith College, Northampton, Mass., Second Semester, 1921-1922. POSITIONS HELD: Superintendent of Nurses, St. Luke's Hospital, Richmond, Va., 1899-1904; Infirmary Nurse, The Baldwin School, Bryn Mawr, Pa., 1905-08; Superintendent, School of Nursing, University of Minnesota, 1910-21; Acting Superintendent, University Hospital, 1918-19; Director, School of Nursing, 1922. AUTHOR OF: Several articles on Nursing. OFFICES HELD: President, Minnesota League of Nursing Education; Vice-President and Director, National League of Nursing Education; Secretary, Treasurer and Director, Minnesota State Registered Nurses' Association; Member, State and National Committees, American Red Cross; Honorary President, Minnesota State Organization for Public Health Nursing. PRESENT ADDRESS: The School of Nursing, Millard Hall, University of Minnesota, Minneapolis, Minnesota.

EDITORIALS

What Is the Goal of the American Nurses' Association?

WHAT is our goal? After eighteen months as president of the American Nurses' Association I find myself still asking this question and, while not answering it with positive assurance, yet seeing endless possibilities for advancement.

That much has been achieved in the last year by way of getting into closer touch with the various State Associations, both through letters and published reports, is due to the increased dues that have made possible the bringing of the secretary to Headquarters; the employing of a sufficient office force for this expansion; the necessary committee meetings for efficient work and, besides this, the appointing of the much needed second person at Headquarters which will make it possible for one of our representatives to visit the states as the necessity arises.

Bringing the three national associations together has emphasized our interdependence.

The meeting of the Executive Committee of the International Council of Nurses at Copenhagen again brings us in touch with our sister nurses in foreign lands. Several new vice-presidents were appointed to represent those countries where nursing is not yet sufficiently developed to have nursing associations. Several of these vice-presidents are American nurses. The president of the Nurses' Association of China and the executive secretary of the Association are American, as are many of the other members. These facts make us realize that, in whatever splendid political isolation the United States may remain, American nurses are taking an active part in establishing standards and helping to bear the world's burden of sickness and suffering, and are assuming their share of responsibility for the teaching of health among the less fortunate nations.

We have a vision of health education for every one; an American Nurses' Association in which every eligible nurse in the country is a member; a million dollar Relief Fund, with similar amounts for the educational funds; every nurse a reader of the *American Journal of Nursing;* headquarters, with a full time secretary, in every state; an active Private Duty Section in every state and every district; the American Hospital Association referring every institution desirous of maintaining a school of nursing to the proper nursing body for advice and plans; representatives of the medical profession and the public serving on advisory boards to Central Directories for Nurses, and the medical profession using none but such nurse-controlled directories; and American nurses everywhere a power for service.

Our vision is too great for immediate realization, therefore, I offer, with a New Year's Greeting, the following resolutions for the coming year and suggest their adoption by each member of the American Nurses' Association:

1. A new year with renewed effort to increase our membership until every eligible nurse of my acquaintance is a member of the American Nurses' Association.

2. To so work that the alumnae, the district, and the state in which I am a member may function to the utmost.

3. To assist in increasing the Relief Fund to $100,000 before June 1st, 1925.

4. To induce as many as possible of the 46,000 nurses in the American Nurses' Association to subscribe for the *Journal*, and to *read* it.

5. To help to increase both the Robb and the McIsaac funds.

6. To complete the Delano Memorial.

7. To coöperate to the best of my ability with the LEAGUE and the N.O.P.H.N.

8. To read and study all nursing problems so that I may fully understand what *I* wish the goal of the American Nurses' Association to be.

ADDA ELDRIDGE, *President*.

WHAT WE MAY EXPECT OF THE NATIONAL LEAGUE OF NURSING EDUCATION IN 1924

IT will hardly be possible to place bounds to our expectations from the work of the National League of Nursing Education for the coming year. Our expectations, if interpreted in the spirit at the annual meeting and thirtieth anniversary review held in Swampscott, Massachusetts, June last, we strongly hope, may be realized in a greater coöperation of all those responsible for nursing education standards. Under the impetus of the National League of Nursing Education there will be in 1924 larger numbers of nurses preparing themselves with academic soundness for the work of nursing education. We confidently expect there will be a measurable growth in the scientific attitude toward experiments in nursing education which have been under way for some time as well as toward important new research.

To best measure our expectations we must review the purposes of the organization:

To consider all questions relating to nursing education; to define and maintain in schools of nursing throughout the country minimum standards for admission and graduation; to assist in furthering all matters pertaining to public health; to aid in all measures for public good by coöperating with other bodies, educational, philanthropic and social; to promote by meetings, papers and discussions, cordial professional relations and fellowship and in all ways to develop and maintain the highest ideals in the nursing profession.

One very important goal then in our year's work will be to reach through increased membership all of the 1800 accredited schools of nursing in the United States. The present membership of the League is about 900, or half the number of nursing schools in our country. To carry out its function of defining and maintaining in schools of nursing minimum standards for admission and graduation, the National League of Nursing Education should have the close coöperation through membership of the heads of every recognized school of nursing and an average of at least one instructor from each of these schools. The bringing into membership of all the above will require earnest work on the part of each member of the League in every state. This individual work is possible to all, even the youngest nursing educator. It is the immediate step needed to give the greatest possible impetus to nursing education. It will mean a total membership of not less than 4000. Such a membership under the present conditions of our by-laws will go far toward insuring the work of the National League of Nursing Education at Headquarters and in the country at large. It is our hope that this very substantial increase in membership may be attained in 1924. Increased membership together with the work of our Ways and

Means Committee, we have reason to believe, will during the year place the National League of Nursing Education on the firm financial footing necessary for the accomplishment of its objects

Through the work of the Committee on Revision we look confidently for a rearrangement of the framework of our organization which shall lead toward its better functioning in all parts of the country, in the states and in the localities.

We expect long steps to be taken in the revision of the Minimum Standard Curriculum.

The work of the grading of schools of nursing so long planned for by the National League of Nursing Education will undoubtedly go forward with the close coöperation of the other national nursing, medical and hospital organizations interested.

Through the study of budgets for schools of nursing, we hope that important steps may be taken toward placing all schools of nursing upon sounder financial bases before the community as ends in themselves as educational institutions. It was thought that a helpful factor toward this end would be a practical revision of our nursing education nomenclature.

It is our plan to make available for the workers in our 1800 schools of nursing many important technical publications on nursing education. These may be obtained at our Headquarters, 370 Seventh Avenue, New York. Through our Placement Bureau, a very important activity carried on at Headquarters, we hope to render in 1924 a very real assistance to schools of nursing throughout the country. Through the centralization of the work at Headquarters, begun in 1923, we hope in the coming year in larger measure than ever before to fulfill the wide purposes of the organization.

LAURA R. LOGAN, *President.*

WHAT THE PUBLIC HEALTH MOVEMENT EXPECTS OF NURSES

"IN the last fifty years science has made tremendous strides with respect to our knowledge of the behavior and treatment of the human body and mind. Scientific explorations have yielded a vast amount of knowledge which has transformed modern medical practice and enormously developed the field of preventive medicine. There is sufficient knowledge available today to bring about, if applied, a great reduction of disease and prolongation of life. 'If applied,' there lies the key to the situation.

"It avails nothing to the people if this priceless knowledge remains locked up in textbooks, in laboratories, in the minds of men of science and men of medicine. Not until it becomes the possession and not only the possession but the practice of the man in the streets, the mother in the home, and the child, will it begin to show tangible results." This quotation from an address given by the writer last summer gives the basis for the service all nurses may render to the cause of public health.

"Health education" is the password of the day. The wide dissemination of instruction concerning sanitation and hygiene is now considered to be one of the most important activities in any public health program. Further great reductions in the morbidity and mortality rates will come largely through a permanent change in the popular

attitude toward sickness and health and in the efforts of the individual to prevent the one and to maintain the other. This change, however, will not be accomplished merely by the imparting of information. Lectures, magazine and newspaper articles, exhibits, films and other similar devices are valuable channels of propaganda and of instruction, but to bring about a real revolution in the hygienic habits of people a more personal method is necessary.

The nurse through her work with individuals has an ideal opportunity to spread the gospel of health under circumstances which make it most effective. This opportunity lies before the private duty nurse and the hospital nurse as well as the public health nurse. The hospital nurse may teach the new mother how to care for her baby according to the best hygienic practices. She may train the little patients in the children's wards in health habits. She may inculcate an ideal of health and an understanding of how it is to be had in all her patients.

The private duty nurse may help to make health fashionable by teaching its meaning and value in every home she enters. She may do much to supplant superstition, prejudice and old fashioned ideas with modern scientific truths. She may teach the how and the why of hygienic living to many families. She may widely promote the idea of annual health examinations.

There are many other ways in which the hospital nurse and the private duty nurse may join the public health nurse as crusaders for health. There are countless opportunities for them to carry the message of health to the multitude. But with opportunity comes responsibility. The public health movement looks especially to nurses to be these messengers, interpreters and teachers of health.

ELIZABETH G. FOX, *President*.

MISUSE OF NURSES' UNIFORMS AND PINS

ANY nurse who was in service knows how difficult it is to secure real uniformity. As some observant person said: "Twenty thousand nurses' hats went to France and were worn in twenty thousand ways." It is almost equally difficult to persuade nurses to think clearly about the use of other uniforms and of the use of school, state, or Red Cross pins.

We have never forgotten the feeling of repugnance that swept over us when we beheld a nurse clad in white uniform, standing in a conspicuous spot in a crowded station, and vigorously chewing gum. Nor can we forget innumerable other violations of good taste which have called themselves, all too loudly, to our attention.

The use of nurses' pins was recently discussed in our Question and Answer Department. We did not stress the fact that nurses' pins should be worn *only* by nurses. It then seemed too obvious to require discussion, for if the pin means anything at all, it should mean that the wearer has won the right to use it, but we find that this is not always true.

Recently we visited one of the greatest clinics in our country, a clinic which receives patients from all over the world. The whole organization is most hospitable; professional visitors are made to feel very welcome. The ignorantly curious, friends of patients and others, covet the privilege extended the professional

groups and, because of this, many reprehensible practices have sprung up. Such a practice is that of borrowing nurses' school pins for use as credentials. Those who borrow seem to us far less blameworthy than those who lend.

How can we expect others to respect our insignia, and the profession which it represents, if we stoop to such practices? Beyond all this lies, too, the professional obligation to protect patients from unnecessary publicity or scrutiny. The professional person visiting a clinic does so in the hope of acquiring further professional knowledge. The lay person who stoops to fraud in order to gain access to such clinics has no motive other than that of curiosity.

It is not always easy to refuse the requests made by our friends, but surely in such instances we are justified. Let us hold the insignia of our profession inviolable and increase our efforts to have our uniforms, and the pins of which they are a part, worn with dignity, in suitable places, and by those who have earned the privilege.

OUR CONTRIBUTORS

Sister M. William, R.N., is a graduate of St. Mary's School of Nursing, Rochester, Minn., 1912. She is now Supervisor of an operating room in St. Mary's Hospital.

Anna C. Jamme, R.N. (See Who's Who in the *Journal* for September, 1921.)

Elvira Neuhauser, R.N., graduated from the Lakeside Training School of Milwaukee, Wis., 1914. She was night supervisor at Mount Sinai Hospital for one year and has since done private duty nursing.

John M. T. Finney, M.D., is Associate Professor of Surgery at Johns Hopkins University. He was in service during the war with Base Hospital No. 18, A.E.F., and was later appointed Chief Surgical Consultant, A.E.F. He was cited for exceptionally meritorious service and received the Distinguished Service Medal. On his discharge from the service, having held the rank of Major, then of Colonel, he was appointed Brigadier General in the Reserve Corps.

Andy Carr, M.D., is a physician in Minot, N. D.

Harriet L. P. Friend, R.N. (See *Journal* for November, 1923, page 115.)

Bessie Patten, R.N., has charge of the Methodist Hospital, Princeton, Indiana.

Ida C. Baker, R.N., is a graduate in 1912 of the Cincinnati General Hospital. She has had two years of industrial nursing in a large factory in Cincinnati; six months in charge of a children's ward at Bellevue; fifteen months in the American Red Cross during the war; for two years and a half with the San Francisco Hospital, first as supervisor in the children's ward, then as social service investigator.

Anna B. Schwoebert, R.N., is a graduate of St. Mary's Hospital, Milwaukee, Wis.

Irene Koechig is Instructor in the Department of Biological Chemistry, Washington University Medical School, St. Louis.

Nellie G. Brown, R.N. (See *Journal* for October, 1923, page 46.)

Bertha L. Knapp, R.N., is a graduate of the University of Michigan Hospital. She was Supervisor of children's and medical departments for two years and Assistant Superintendent of Nurses, one year, in her own school. For two years she was in the Visiting Nurse work in Chicago and for fifteen years she has been in her present position, Principal of Wesley Memorial Hospital School of Nursing, Chicago, Illinois.

A Correction.—In the December *Journal*, under the heading Our Contributors, we spoke of Miss Landis as "a member of the staff of the School of Nursing, Lane Hospital, Stanford University Hospital, San Francisco." This is not an adequate description of Miss Landis' position, as the members of the School Faculty have academic standing on the Stanford University faculty. Miss Landis is Professor of Nursing.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

THE PLACE OF CHEMISTRY IN THE CURRICULUM OF THE SCHOOL OF NURSING

BY IRENE KOECHIG

WITH the increasing complexity of modern life, we find ourselves confronted by the necessity for many readjustments of our habits, traditions, and especially of our modes of thinking. Our point of view has been broadened a little here and a little there until we have come to the realization that we no longer belong to our own group or community alone, but are citizens of the world, taking part in the activities of the world and owing therefore a correspondingly larger debt to the whole world. In no field is this more true than in the great service of nursing. The World War did much in defining for us this broader sense of the profession and with it brought a more intense interest in the purpose and scope of the nurses' education. It is no longer enough that this shall serve the needs of its own institution or community, it must develop an individual ready to serve at large and to meet conditions as she finds them in different kinds of communities. She must be prepared adequately to meet the responsibilities of her profession.

It is becoming clearly evident that to accomplish this effectively, we must revise many of our old ideas about nurses' education. The opening of so many new fields of service and the increasing specialization of the work are making the preparation that was considered quite adequate a few years ago no longer sufficient. If the patient is to have intelligent, scientific nursing care, if the nurse is to keep pace with the rapid advances in medicine, her educational foundation must be more than a routine technic of deft manipulation decorated with scattered fragments of scientific information. She must have a sound scientific basis as each new situation arises. Her skill in technic tells her *how* things should be done but her theoretical education alone tells her *what* should be done and the reason *why*.

The newer methods of diagnosis and of the treatment of disease are placing an increased emphasis on physiological, dietetic and hygienic factors and are thus adding responsibility to the nurse for which reason we must provide for her a more thorough scientific knowledge and a better training in observation and in judgment to act as a basis for her practical duties. To build up practical work of a really good quality we must have a thorough foundation of the theoretical upon which to build the superstructure.

Among the fundamental courses for the student nurse, Applied Chemistry plays a very large role. When we look out into the world in which we live, we observe the most striking fact that everything about us is undergoing a continual change. A seed drops to the ground, it germinates and starts a wonderful series of changes by which it converts the materials of the soil and air into a food which we in turn consume

and transform into living animal tissues. These tissues are in turn used up and another set of changes takes place, giving rise to waste products which must be converted again into useful materials in the air and soil.

Chemistry deals with this endless circulation of matter; and so in chemistry we find our answers to the questions concerning these processes as they normally take place and to the questions about deviations from the usual behavior. Chemistry is not an interesting and entertaining theoretical exercise in which we go into the laboratory to produce rare substances and to investigate the properties of compounds unknown to the laity. Chemistry embraces the every-day changes by which we cook our food, the changes by which we wash our clothing, purify our water, and make soap, vinegar and what-not. The warmth that we feel in our bodies is supplied by chemical changes, the waste products that we eliminate are the results of chemical changes. And so chemistry is not a strange, theoretical abracadabra remote from us, but covers the changes that we use in every-day life, the very life within us; for without the phenomena of chemistry we would be unable even to draw breath. Thus chemistry is a live topic of every-day interest, not to be confined to the laboratory or the theoretical lecture but to be projected out into a basic understanding of our activities and our life processes.

On the other hand, chemistry can be made into a very useful preparatory course. The young woman comes into the nursing school with certain prerequisites but all told she has a rather indifferent preparation for the work she must take in hand. It is here that the general methods required in the chemical training give her a link between the theoretical courses of her high school work and the extremely nice and exacting technic of her nursing career.

She learns that there is a correct way to remove a stopper from a bottle and that this is of use in the performance of her duties. She learns that the tap water, although it looks clear and good and is used for drinking, is not pure enough for all purposes. She learns that the directions given her cannot be disregarded in the slightest way and that the most extreme accuracy is of vast importance in getting the required results. In the world of chemistry so little difference as that between Hg Cl and $Hg Cl_2$ forms the vast difference between the useful drug, calomel, and the violently poisonous bichloride of mercury. She receives an introduction to scientific methods and learns the importance of the most rigid accuracy. In her laboratory she receives systematic instruction in observation. It is here that after carefully following directions she is called upon to make observations and to record them. She learns to see exactly what is going on, to see all that is going on and in this way is unconsciously building up for herself the habit of accurate and complete observation which will be of much service in later years. But Chemistry asks for even more. What do these observations mean? How are they related to facts already known? Thus the pupil is led into the valuable habit of interpretation of her observations, into the highest type of mental activity, into reasoning.

In the teaching of Chemistry to student nurses it is very important to keep

in view clearly the objects of the professional nursing course. The different illustrations and examples used must be selected from the every-day bedside experiences of the student nurse in every case possible. In this way she will be led to project her theoretical knowledge into her practical work and will even bring into class for explanation questions suggested by the ward work. Thus, the pupil is brought to see the reason for her instruction in Chemistry.

An important point to bear in mind is a correlation of the different subjects of the curriculum. Especially, is this necessary in the large school where there are almost as many instructors as subjects taught and where the different departments are widely separated. To overcome this at the beginning of each year we ask for a schedule of the courses of the student nurses in our classes. We watch this schedule very closely. We have prepared an outline of our course, arranging it according to the weeks. This may be put in the hands of all the instructors to be used as a reference and should be used frequently.

Besides this, by an occasional questioning of the students, it is possible to discover their ability to correlate and classify their ideas, and to see in how far they have been able to grasp the essential points and to subordinate the unessential. This forms an index as to how far the education as a whole is accomplishing its object.

In our work we devote sixty hours to the chemistry course. This is divided into twenty hours of lecture and forty hours of laboratory and quiz. The lecture is conducted in a formal way, with no questions or responses by the pupils. In as far as possible the pupils are held to certain readings to be prepared before each lecture. The lectures do not follow the text book too closely but are built up with an idea of correlation with other courses and, especially, with any practical work that is going on in the wards.

It seems very profitable to the pupils to have outlines of the lectures on the board and to lecture from these, filling in details and illustrations. We have found it advantageous to exhibit during the lecture specimens of the various substances under discussion and to perform certain simple demonstrations. It might seem that these would be rather time consuming and troublesome, but it is surprising to see how many worthwhile demonstrations can be made with very meager apparatus and a minimum of effort.

This formal method of teaching is very valuable, but of equal if not greater value, is the informal method, the laboratory and the quiz. Well arranged questioning forms the clearing house where the student nurse can take stock of her knowledge. Here practical questions can help her to apply her theoretical learning, giving her a chance to do some live thinking. It is here that wrong ideas are straightened out and here that the student brings in the questions suggested by her practical work.

The laboratory method is another valuable way of teaching chemistry, but unfortunately this method has been much neglected in the past. Here the pupil gets first hand information and sees for herself the things that have been talked about in the lecture. Here scientific technic is built up and the power

of observation and interpretation is developed. It is surprising to see how many really valuable experiments can be performed by the pupils with a small amount of apparatus. The test tube can be employed to a large extent and but simple and relatively inexpensive equipment, when used with understanding, can be made to cover a good field.

To illustrate it might be well to list the apparatus used in our own laboratory for a rather comprehensive course occupying forty hours' time.

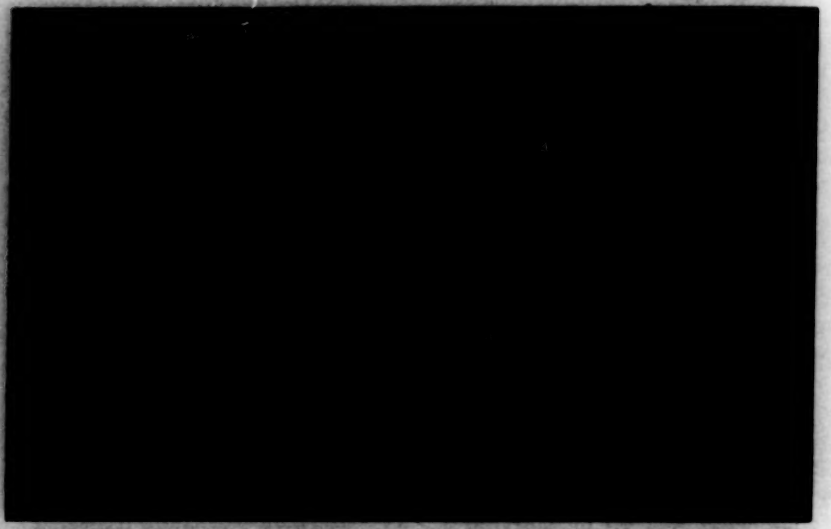
APPARATUS SUPPLIED EACH STUDENT

1 Bunsen burner and tubing
1 ring stand with 2 rings
1 clamp
1 square wire gauze
1 test tube rack
6 hard glass test tubes, 15 c.m.
6 soft glass test tubes, 15 c.m.
1 Pyrex test tube, 20 c.m.
1 1-hole rubber stopper to fit
1 funnel, 4 in.
1 evaporating dish, 4 in.
1 flask
1 2-hole rubber stopper to fit
1 beaker, 200 cc.
1 beaker, 300 cc.
1 glass stirring rod
2 ft. glass tubing

GENERAL LABORATORY APPARATUS

1 thermometer
1 condenser
1 distilling flask
1 scale with weights
6 bottles, 500 cc.
6 bottles, 1000 cc.
1 graduate cylinder, 100 cc.
1 graduate cylinder, 500 cc.
1 mortar and pestle
1 urinometer
1 triangular file
Assorted cork stoppers
Test tube brushes
Sponges
Gas collecting pans
Reagents bottles
Filter paper

The efficiency of the laboratory does not depend directly on elaborateness of the equipment, but upon the selection of experiments that can be applied directly to the practical work. To the alert instructor the hospital itself offers a



wealth of material to be used in the laboratory and furnishes supplies more valuable in their application than any that could be purchased. With a little careful planning the experiments can be varied to suit the material at hand and in this way so connected with other courses of study as to establish the definite connection in the student's mind.

ABSTRACT OF REPORT OF INSTRUCTORS BASED ON SIXTY-ONE REPLIES TO QUESTIONNAIRES[1]

By Nellie G. Brown, R.N.

Size of Schools Represented

HOSPITALS in which these 61 instructors are located range in size from 30 to 1748 patients, and the number of students from 8 to 250.

Preparation for Teaching of Instructors

High school education only—16, or 26.1 per cent.

Four years college—12, or 19.6 per cent.

Previous teaching experience in grade schools, high schools or colleges—26, or 42.6 per cent.

Hours of Teaching

Teaching hours per week given vary from 3 to 36. The largest number come in the 20-hour week group—8 reported this. The medium comes at 16 hours, and the average is 16 hours and 33 minutes.

In the 3-hour a week group, the individual teaches bandaging, surgical nursing, obstetrical nursing and gynecological nursing, and assists with bacteriology,

[1] Report given at the annual meeting of the National League of Nursing Education, Swampscott, June, 1923.

materia medica, and dietetics. Her non-teaching work is assisting in the operating room.

The one teaching the greatest number of any hours given, which is 36, teaches nursing theory and practice, anatomy and physiology, bacteriology, hygiene, chemistry, materia medica, dietetics—7 subjects— and assists with surgical nursing, medical nursing, obstetrical nursing, ethics, nursing history and orthopedics—6 subjects. She also takes charge of the school in the absence of the director, and very mildly states at the end of the questionnaire: "It would be very nice if duties of instructors could be more clearly defined."

It would seem, therefore, that the work of the instructors is not planned to promote teaching efficiency. There is too great a variety in the subjects that are taught, necessitating varied types of preparation and tending to encourage a superficial and inefficient presentation of any one subject with too little attention given to drill.

The Number of Subjects Taught

Five instructors are teaching only one subject, but at the other extreme is one instructor who is teaching 17 subjects. The greatest number in any one group is 10, teaching 3 subjects, and the average is 3.5 subjects to an instructor, with 5 as a median.

This makes a total of 22 subjects which are being taught by instructors, and further analysis of the number who are teaching the same subject shows a much wider variation.

Duties Other Than Teaching

The work which has been reported as non-teaching work may be divided into two groups:

A. Those directly associated with teaching work, viz:
   1. Preparation and clearing of demonstration rooms and laboratories.
   2. Correcting students' notebooks.
   3. Following up ward work, and
   4. Individual preparation for teaching.

B. Those bearing no relation to teaching, viz:
   1. Record keeping.
   2. Chaperoning classes.
   3. Assisting in the nursing school office.

To summarize the educational and non-educational duties regularly performed by instructors:

If A "3," or following students' work on the wards is considered as educational, then the total average time spent in A (educational work aside from teaching) is 23 hours and 31 minutes a week, with 14 hours and 16 minutes given to B (the non-educational duties).

If follow-up work is transferred to the non-educational group B, then the average total for A (educational duties) is 15 hours and 28 minutes, and B (non-educational) is 21 hours and 20 minutes.

The Hours Per Week Accounted for Definitely

Average number teaching hours per week—16 hours, 33 minutes.

Average number hours in other educational duties—23 hours, 31 minutes.

Average number hours in non-educational duties—14 hours, 16 minutes.

Total—54 hours, 20 minutes per week, or 9 hours a day excluding Sundays.

Such a total means that too great a proportion of the week's time is definitely accounted for, leaving no time for interviews with individual students, library work, or familiarising herself with clinical material from which much of her illustrative material should come.

The Position and Responsibility of the Instructor

This more intangible subject is, of course, more difficult to determine, but may be approximately estimated by considering definite items which have to do with the executive side of the schools:

A. Planning the curriculum.
- 27 have the entire responsibility for the curriculum.
- 12 assist the director of the school.

B. Planning the courses taught.
- 4 have no part in determining the content of courses.
- 11 assist the director of the school in deciding this.
- 36 have entire charge and
- 2 follow the outline provided by the Board of Examiners.
- 2 those found in the "Standard Curriculum."

C. Class schedules.
- The hours at which classes shall be held are determined by 41, 8 subject to the approval of the director, and 33 have the entire responsibility, while 11 have nothing to do with the choice of class hours.

D. Varied hospital duties.

This group excludes such duties as following students' work on the wards which was considered under educational duties properly belonging to the instructor. We find 9 instructors with the following duties regularly assigned to their care:
- 1 makes regular inspection rounds.
- 2 have charge of the patients' histories.
- 3 have charge of the distribution of the nurses' laundry.
- 4 care for ill students.
- 1 has charge of the cystoscopic room.
- 8 relieve the director of the school during her absences.
- 6 have charge of the nurses' residence and act as chaperones.
- 1 has charge of the new students' apartments only.

E. Rank on the staff.
- 5 have rank next to the director of the school.
- 4 have rank third below the director and next the assistant director.
- 2 rank with the assistant director, acting as first assistant on the educational side.
- 15 rank as members of the staff, their grade comparing to that of the supervisors.
- 8 have distinctive rank and titles such as Educational Director, Instructor in Theory, Instructor in Science, or Instructor in Practical Nursing.

Facilities Provided for the Educational Department

A. Offices: 14 have none, 27 have one, and 2 have two.

Of the 14 without offices, all of the instructors' work in 9 institutions is carried on in the nursing school office

with the directors' assistants, and 5 use desks in the class room.

	Number of schools
One room serves as class room, demonstration room and laboratory	5
Lecture room and separate demonstration room	25
Science laboratory	7
Dietetics laboratory	3
Library, special room, not a living room	7
Privilege of a medical school's equipment	2

The school connected with Mount Sinai Hospital, New York City, should head the list with its educational building.

Salaries

Salaries range from $85 to $166 per month.

To summarize briefly: A fair proportion of nurse instructors have taught in grade or secondary schools, and about one-third of them have either full college or normal school training.

The number of hours of teaching a week is too high in most instances, but even more serious than this is the wide variation in the types of subjects taught and the number taught by one instructor. We doubt seriously whether any woman can teach from five to seven subjects and have sufficient knowledge of her subjects to do good work. Of course, it does not need to be said that it is impossible to teach seventeen subjects.

It is doubtful whether diseases of the eye, ear, nose and throat, mental and nervous diseases, venereal diseases, skin diseases, pathology, medical and surgical diseases are within the nurses' province. Granting that much of the teaching in these subjects, which has been done by the medical profession, had been unsatisfactory, the remedy does not lie in giving the unsatisfactory courses to the nurse instructor.

Anatomy and physiology is taught by 28, materia medica by 30, and hygiene and sanitation by 34. Considering that only 32 of the instructors have had more than one year of college work, it is quite evident that not all of these can have had advanced courses in these subjects and that their knowledge cannot be much broader than that of their students.

Too much time is taken up with non-educational duties—14 hours a week being used that could be spent in other ways.

The position of the instructors on the staff should be more clearly defined. Realizing that no organization can have two chief executives, the logical rank would seem to be that of first assistant on the educational side of the school and the usual first assistant would continue to rank as assistant on the administrative side. With this position should go more responsibility for the administration of the educational department, planning courses and schedules and correlation of practice and theory, but the instructor must make schedules that can be carried out without upsetting the machinery of the institution.

A salary of $1500 a year with no living expenses compares favorably with that of high school and college teachers who are not heads of departments and it is interesting to note that in the questionnaires suggestions concerning salary were not prominent.

Suggestions

The adjustments necessary to make the instructors more valuable to the schools seem to be these:

1. Better educational preparation for women taking teaching positions.

2. Duties not educational in character should be omitted. Examples: office duty, chaperoning classes not bearing directly on the subjects which the instructor is to teach. A better grouping of subjects to be taught by the instructors should be worked as: A, Science; B, Several grades of nursing parallel with the physicians' courses in the various subjects.

3. Rank should be given the instructor parallel with that of the first executive assistant.

4. Student aid should be provided for detail work such as note book correction and laboratory assistance.

5. Relief from hours of duty, allowing freedom to use the hours aside from class and personal office hours as may be most advantageous.

6. Elimination of night classes.

7. Allow the instructors more part in determining the fitness of students for acceptance and in disciplining for poor scholarship.

8. Arrange for time to be granted for advanced study in summer sessions or for an occasional winter course at colleges in the community.

9. Better coöperation on part of instructors with members of the administrative staff which may be shown by more consideration of the needs of the hospital when planning schedules of class hours.

10. More correlation of theory and practice by ward classes or supervisory rounds.

11. More use of the clinical material in the hospital for purposes of illustration.

To attract more nurses to the teaching field such adjustments as the foregoing will help and in addition may we suggest:

1. That third year students be given opportunity to act as assistant instructors under close supervision.

2. That instructors in a community form groups for discussion of their problems and invite the student instructors.

In closing may we state that it will need vigorous effort and close coöperation and patience on the part of both the directors of the schools and the instructors to bring about changes in the existing scheme of things but, with the increasing emphasis which we are placing on the educational side of our schools, no work could be more timely or more productive of good.

AN INSTITUTE FOR STUDENT NURSES IN CALIFORNIA

Tuesday, December 4, was Tuberculosis Day in the twelve schools of nursing in San Francisco. The San Francisco Tuberculosis Association and the Bureau of Registration of Nurses united in conducting an institute for the student nurses of San Francisco, on the subject of tuberculosis. The institute consisted of three sessions of two hours each; morning, afternoon, and evening. The program, arranged especially to meet the needs of students, presented for discussion the topics: Is Tuberculosis Nursing Dangerous for Nurses?, The Nurse's Part in

the Prevention of Tuberculosis, Nutrition in Relation to Prevention of Tuberculosis, Organized Forces Combating Tuberculosis, The Nurse's Place in Tuberculosis Work, Technic in Tuberculosis Nursing. Each topic was handled by physicians and nurses who were well equipped to present it in a comprehensive manner to the students.

The institute was held in the auditorium of the Stanford School of Nursing which is exceptionally well fitted for a large gathering. The attendance at all three sessions totaled 814 students; at the evening session alone there were 383. The San Francisco Tuberculosis Association has offered two prizes for the best two essays on Tuberculosis submitted by students who took part in the institute.

The success of the institute rested in a large degree in the coöperative ability of the superintendents of the schools in arranging their schedule so that all of their students could attend at least one session. Class work was suspended and the full attention of the students was focused for that day on the one great problem. Credit was given by each school for attendance at the session.

This is the first institute of this kind that has been undertaken in California. The interest shown by the students is encouraging to further efforts in carrying the message to them of their part in the great work of health education and the opportunity that lies before them in their future professional field. It is probable that more such work will be undertaken and although it means much effort on the part of the schools it should undoubtedly bring results.

LATEST REPORT ON CLASSIFICATION OF GOVERNMENT NURSES

The latest report on reclassification, later than that to be found in our news items, is that Senator Wadsworth has suggested a very definite plan on reclassification. The Committee has decided to request Congress for an additional class in the professional service in the Reclassification Bill with a salary range from $1,680 to $1,860 in which staff nurses shall be placed, continuing through the other classes up to the full professional class.

A MESSAGE TO THE STATE ASSOCIATIONS OF NURSES

The President of the American Nurses' Association is most grateful to those states that responded to her questionnaire with information as to the happenings within the year 1923. Not all arrived in time to be used in the paper for the *Modern Hospital*, but the valuable information contained in them will be placed on file at Headquarters.

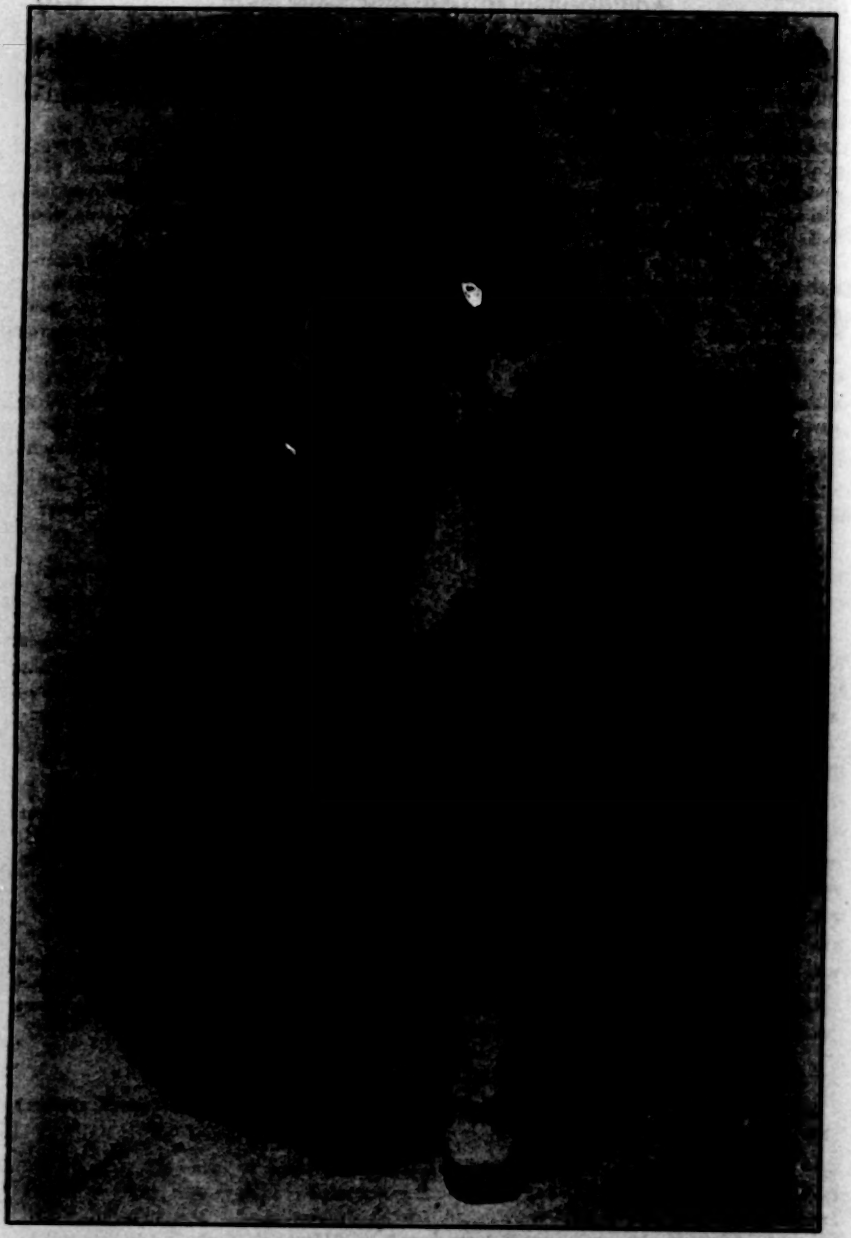
STATISTICAL REPORT ON NURSING SERVICES

"Hourly Nursing Services" conducted by thirteen public health nursing organizations in as many cities and towns of the United States is the subject of a report prepared by the Statistical Department of the National Organization for Public Health Nursing. A copy of this report will be sent to anyone requesting it.

TOO GOOD TO KEEP TO OURSELVES

"Even though the earthquake and fire did wipe me out I must have the *Journal*, so here's my check."

Tokyo, Japan H. R. L.



Edna M. Djupe, Red Cross Nurse, and American Red Cross Field Representative for Alaska, at Nome, in the Native Costume Consisting of the Hooded Coat, (Parka), and Mukluks, (Boots)

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR
Director, Nursing Service, American Red Cross

SISTER AGNES KARLL, President of the German Nurses' Association and a Vice-President of the International Council of Nurses, attended the meeting of the Executive Committee of the latter organization last July at Copenhagen, where I met her for the first time. While I had never seen her before, I felt that I knew her, for I was familiar with the struggle of the German Free Sisters for independence and the splendid leadership of Sister Agnes in the face of all but overwhelming difficulties. She had also managed with great efficiency the last Congress of the International Council of Nursing held at Cologne in 1912.

After hearing her story of the suffering of the professional classes, especially the nurses of Germany, I decided that I would stop for a few days in Berlin on my return from Poland for the purpose of visiting the hospitals, schools of nursing, and meeting some of the nurses.

Upon my arrival I went to the Kaiserhof, where I had an exceedingly good dinner,—well cooked and well served,—consisting of hors d'ouvres, lamb chops, spinach, potatoes, bread and butter, and coffee, all at a cost, including tips, of 3,000,000 marks,—something less than $1 at that time.

After a good night's rest, Sister Agnes and I started early on our tour of exploration. I had heard much of Berlin hospitals and German methods, even as I had about those of Vienna, but I was somewhat disappointed in both cities.

The Moabite Hospital, a city institution of 900 beds, general in character and including children, contagious diseases, and tuberculosis, is situated in a fairly large tract of land with spacious gardens, trees, walks and flowers, all showing, however, very evident traces of neglect due to the inability to pay the high prices of labor.

The nursing staff for an institution of this size included a director, an assistant, 200 graduate nurses, 48 women student nurses, and six men in the school. That the wards were not as well kept as one would expect to find in a German hospital was not, therefore, surprising.

The school had been forced by a socialistic form of government to admit men students and, regardless of educational qualifications, it had also been compelled to admit such former hospital orderlies and ward maids as wished to enter the school for training. This lowering of entrance requirements has been most detrimental to the progress and maintenance of proper standards, while one of the outstanding pernicious results has been obtained through the reduction of the number of students admitted from 100 yearly to 40. All these factors have resulted in dangerously lengthened hours of work and a seriously fatigued staff of nurses.

The nurses' home was fairly comfortable, and the student nurses use the same class room as do the medical students. The teaching equipment and the old fashioned desks would indicate that both practical and theoretical instruction are limited.

Repairs are reserved for the absolutely essential things, while new paint and the replacement of worn or broken articles have not been possible. A general air of apathy and discouragement seems to have settled like a pall over patients and workers alike. The nurses and doctors especially are below par because, unlike the laboring groups, they cannot go on strike when their salaries, owing to the fluctuation of currency, fail to meet their needs.

The Kaiser and Kaiserin Frederick Hospital for Children is in practically the same condition, albeit a hospital of fairly modern construction, and some of the buildings are most up-to-date. Here as at the former institution I found the same dull depression of the workers. There is no school of nursing connected with this institution, but graduates are admitted for a year of training, as it is impossible for a nurse to register in Germany for the care of children without a year of postgraduate work.

The nurses employed in city institutions were receiving but 50,000,000 marks monthly, this being the equivalent of $15 at that time. There was a charge of 153,000 marks per day, however, against this salary for rations, which reduced the amount received by the nurses to about $12 per month.

A small room in each ward, devoid of all furniture except a table, is set aside as a place in which the nurses eat. In a cupboard divided into small compartments, accommodating table service for three, the extra supplies are kept, together with a nondescript collection of dishes. We were told, however, that conditions in the private duty field are so much more hazardous that graduates strive for the institutional positions, certain at least of a bed and food, insufficient as the latter may be.

A recent letter from Sister Agnes states that the situation grows more hopeless from day to day, and that state and private hospitals and sanatoria have been obliged to close, throwing many of the younger nurses entirely out of employment. She further says that little or no demand for private duty exists, and that some of the older women have been obliged to lay aside their uniforms and beg on the streets for money for bread which costs ten thousand million marks a loaf.

Says Sister Agnes:

> So that means want of employment for many nurses. These cannot pay their fees, (to the State Nurses' Association). * * * The winter with cold and darkness will make all this as bad as possible, and hopeless, too, for many who cannot stand it bodily. The hygienic conditions become dangerous as water, heat and light go into prices of many thousands of millions. * * * Even a bath is impossible for most people. * * * We live over again after 300 years the Thirty Years' War.

EXTENSION OF THE DELANO RED CROSS NURSING SERVICE

THE Delano Red Cross Nursing Service is extending its operations to include Buchanan County, Virginia, and Mary Emily Thornhill has been chosen to grapple with the problems of this field which presents all the traditional difficulties necessary to the assignment of a nurse to this Memorial Service, which is the especial pride of all American Red Cross nurses.

Buchanan County, according to

M. L. Combs, County Superintendent of Public Schools,

is a tragically isolated area in the Alleghany Mountains, and situated in the southwestern corner of the State of Virginia. It is shut away from progressive industries and modern social and civic movements. There is not a mile of hard surface road in the county, and many of the so-called roads are hardly worthy of the name, since they are little more than mountain trails.

Practically all travel over the county is by horseback. Lumbering and farming on a small scale are the principal industries, and there is great potential wealth in minerals.

The population numbers 15,000, and is scattered. There are no negroes nor foreigners. There are two physicians in the county in general practice, and two physicians associated with lumber companies. There are no nurses.

Buchanan County has the highest birth rate of any county in the State, and while the average infant death rate for the other counties is one baby under one year of age for every six deaths, in Buchanan County, the ratio is one infant for every three adults.

There is strong leadership at Grundy, the county seat, and a nice town of 700 population. Here is located a graded grammar and high school. There are also other schools in other parts of the county conducted by the Baptist and Methodist Home Mission Boards.

Miss Thornhill spent one week in surveying the field before accepting the appointment. During this period she worked with a Tuberculosis Association unit conducting a brief program of dental, child welfare and chest examination clinics. She returned with great enthusiasm concerning the needs and possibilities of Buchanan County, which we believe will prove the measure of her ultimate success.

Miss Thornhill is a graduate of the Children's Hospital, Washington, D. C., and served during the late war at Camp Sheridan. She received her training in Public Health Nursing with the Instructive Visiting Nurses' Association at Richmond, Virginia, and has served with the Virginia State Anti-tuberculosis Association for eighteen months.

It is a matter of interest that Miss Thornhill's father was many years ago a Baptist missionary in a group of counties of which Buchanan County was one, hence Miss Thornhill approaches her work with an unusual understanding of the problems confronting her.

ITEMS

GRACE W. BLACKWELL has returned from three years of service with the Near East Relief, having been assigned to that organization by the American Red Cross Nursing Service. Her first year in Turkey was spent in charge of a hospital in Samsoun at the time of the Graeco-Turko War when conditions were most difficult, and massacres frequent.

Following a severe attack of malaria, Miss Blackwell was sent to the Caucasus region of Russian Armenia, where she organized a school of nursing in a 600-bed hospital at Alexandropol, with students from the higher grades of the schools. The center where the ex-Czar trained his Cossacks constitutes the present base for the educating of these children, of whom there are 25,000 located at various "posts" in the Alexandropol plain. The Near East Relief is partially engaged in a ten years' educational program of a broad and highly constructive character, this phase of the work being now in the second year of its development.

On her way home, Miss Blackwell reached Athens, Greece, to find that the staff in that country was needing extra nurses. She consented to remain for a time and had been at

Corfu but three days when the attack of the Italians began. Seemingly out of a clear sky, submarines, destroyers, planes of all descriptions, and ships containing 2,000 troops with their entire paraphernalia arrived in one day.

Old unfortified forts containing refugees were fired upon and several of the latter were killed, while six orphans were accidentally struck, sustaining slight wounds. There are 1500 orphans in Corfu, also two hospitals for their care. One of these is located at St. George's Palace and the other, an infirmary, at the Kaiser's Summer Palace.

Miss Blackwell spoke very interestingly of the recognition by the Near East Relief of the value of the American Red Cross nurse in regard to general executive ability and training along all practical lines which enable her to excel wherever placed. Consequently, A.R.C. nurses are not only being given charge of hospitals and schools of nursing, but are also being placed in positions of leadership in educational and industrial programs, orphanages, medical warehouses and canteen work.

Miss Blackwell is a graduate of the School of Nursing of the Altoona Hospital and a postgraduate of the Bellevue and Allied Hospitals School. She later served as head nurse of the Dispensary Service and Accident Ward at Fordham Hospital for five years, and in school work with crippled children in New York for one year. During the late war she served for a time at Camp Sevier, later spending a year and a half in overseas service. Her plans for the future have not yet been definitely decided.

The many friends of Ebba M. Djupe, Red Cross Nurse, who have watched with great interest her strong work as American Red Cross Field Representative in difficult but fascinating Alaska, will probably be surprised to hear of her recent marriage, and deplore with us our loss to the work in a niche which will be hard to fill. At the same time, however, we foresee her value as Mrs. J. E. Bishop of Longview, Washington, to the Nursing and Red Cross programs in a State with which she is already more or less familiar through public health nursing service which she has rendered in the adjoining states of Idaho and Oregon prior to her appointment to the Alaska field with the American Red Cross. Mrs. Bishop is a graduate of the Swedish Covenant Hospital of Chicago.

Emily Barclay Heard has returned from one year of service in Red Cross Public Health Nursing at St. Thomas and St. John, Virgin Islands, where she worked in connection with the schools, the Americanization program, and also, where she organized Junior Red Cross. She supervised a native nurse working in the schools, followed up absentees, carried a preschool program, and taught the modified course of Home Hygiene and Care of the Sick to students in the high schools. Miss Heard is a graduate of the Walker Memorial Hospital of Wilmington, N. C.

Pansy V. Bacom has been appointed to service as Director of Nursing in the Philippines Chapter of the American Red Cross, to succeed Virginia Gibbes who has resigned from that position. Miss Bacom is a graduate of the Delaware Hospital School of Nursing at Wilmington, and has had a long and valuable professional record. She served with the American Red Cross Commission in Serbia in 1920, going from thence to Prague, where she was assigned to the teaching staff of the Czechoslovakian State School of Nursing. She later became Director of the American Red Cross Child Welfare work in Czechoslovakia, serving in this capacity until the Summer of 1922, spending the school year of 1922-23 in study at Teachers College, Columbia University.

TOO LATE FOR CLASSIFICATION

Rhode Island: The Rhode Island State Nurses' Association will hold its annual meeting at 2 p. m., January 21, at the Medical Library, Francis Street, Providence.

Virginia: The State Board of Examiners of Nurses of Virginia will hold semi-annual examination at Richmond, January 23, 24 and 25, 1924. For further information, write Ethel M. Smith, Secretary, Craigsville.

DEPARTMENT OF PUBLIC HEALTH NURSING

EDNA L. FOLEY, R.N., DEPARTMENT EDITOR

AN INFORMAL CONFERENCE

TWO years ago, the Visiting Nurse Association of Chicago felt that an informal, face to face talk with some of its more immediate neighbors would be more satisfactory than a good deal of correspondence, which, after all, is more or less of a makeshift and seldom touches upon the more intimate details that any organization wishes to know if it would keep its machinery in working order.

Therefore it issued invitations to nineteen different cities, asking each organization doing similar work,—for the most part, Visiting Nurse Associations,—to send its President and its Superintendent to an informal round-table conference. The response was almost unanimous and two whole days were spent in very profitable meetings. During the first day the Presidents (or where they were unable to attend, their representatives, selected from the membership of the Board of Directors), met alone to discuss problems from the viewpoint of people who must raise the money and present the need of the work to the public. The Superintendents met by themselves to discuss the problems of the executives. In the afternoon a joint conference of the two groups was held. The following day, the Superintendents met in the morning and in the afternoon, to continue their discussions, but the Presidents' meetings closed at the adjournment of the joint session.

This year there were several requests for a similar conference and although it seemed better that it should not be held in Chicago but that the different cities represented should, in turn, serve as hostesses, Chicago's geographical location resulted in the conference being called again by the local Visiting Nurse Association.

Representatives from the Boards of Directors of Canton, Ohio, Cincinnati, Cleveland, Davenport, Ia., Des Moines, Grand Rapids, Mich., Kansas City, Minneapolis, Moline, Ill., Omaha, St. Louis, South Bend, Ind., Toledo and Chicago, were present and Superintendents (and in one instance, the Assistant Superintendent), from the same cities and from Columbus, Ohio, Dayton, Indianapolis, Milwaukee, and Muscatine, Iowa, were also present.

When the invitation was issued, each city was asked to submit topics that it wished discussed and before the dates of the meeting, which was held on November 7 and 8, at least four closely typewritten pages of topics were sent in. It was impossible to discuss all of them, although the main points were covered to the general satisfaction of everybody.

Some of the Board members felt that one day was too brief a time in which to discuss their problems; therefore the Committee room of the Visiting Nurse Association was put at their disposal for the morning of the second day and half a dozen of them met to discuss further details of their work and also to go over some of the special bits of work being done in Chicago.

The luncheon on the first day was served at the Women's Athletic Club and the tea that followed the joint

session was served by the Chicago Association to its out-of-town guests and its own supervisors. The Chicago Association entertained the Superintendents at luncheon on the second day and Board members who had remained over were also invited to this.

Some of the topics discussed in the Presidents' meeting were the work of different Committees and the conduct of a Board meeting. The question was asked if committees really worked and if chairmen of committees presented brief oral reports or written reports, and in order to demonstrate just exactly what one large association did by means of its committees and at its Board meeting, the minutes of an entire Board meeting were read. The chairmen of various Committees on the Chicago Board presented reports and discussed the work done by their Committees.

As the community chest had been discussed rather fully two years before, it was mentioned only incidentally during this meeting, but the usefulness of a Central Council of Social Agencies and of a Social Service Exchange, especially as both relate to the work of a public health nursing group, were discussed fully.

The work of the Finance Committee and the raising of finances, even through the chest, brought up a good many questions, and the matter of salaries and salary increases was very fully discussed in both sections.

Other topics in the Board members' meeting were: A discussion of furnishing uniforms and requiring uniforms; the selection, training and appointment of supervisors; educational work with children and among the tuberculous; publicity work; orthopedic nursing in the homes; the assignment of nurses to clinics; the question of fees; and the position of the public health nurse in the community.

At the joint session in the afternoon, Dr. Ludvig Hektoen, an epidemiologist of international fame, discussed briefly the question of the need of a delivery service, under the auspices of a Visiting Nurse Association, in cities where this field is not reasonably well covered by the out-patient departments of lying-in hospitals, and also the question of visiting nursing care in homes in which there is infectious disease.

The topic of the education and training of new nurses was gone into rather fully. It is still almost universally believed that assigning a nurse and giving her a special title equip her for the work which she is expected to do; whereas, actually, nurses who have ever done field work know that the readjustment which an extremely well educated graduate nurse must make when she first goes into any form of public health nursing which involves home visiting and special case work, is almost as difficult and trying as the readjustment which a young woman must make when she first enters a hospital.

The amount and kind of supervision given new nurses, the teaching and class work arranged for them, as well as the class work and lecture work prepared for the entire staff, came in for general discussion. Nurses who have had postgraduate work are apparently better equipped than nurses who have not, but the average postgraduate course cannot teach the method of human approach nor does it prepare a nurse to recognize the things which she does not know, until she actually gets into the situation

which discloses to her her own ignorance of certain methods of procedure which visiting sick people in their own homes makes requisite to successful public health nursing. The spirit in which a nurse does her work, the spirit in which the Association helps her to do it, and in fact, the close coördination of the work of the Board of Directors and of the field and office staff (in other words, the morale or the atmosphere which an Association throws around a nurse), may make or mar its eventual success. Discussion brought out the fact that most of the cities represented made very definite plans for this kind of conference and class work for their staffs.

In the discussion of the care of patients who are quarantined with infectious diseases, by nurses who are caring for other patients, several points were stressed: first, the fact that few good nurses want to bear the responsibility of attempting to give post-partum care when they are at the same time carrying cases of scarlet fever, diphtheria or measles; and that practically no cities expect them to do so; also the fact that while, theoretically, the well trained nurse is safe in attempting to give this care in the average home while she undertakes, at the same time, to visit patients who require surgical dressings or who are ill from other causes, the pitifully inadequate equipment of the average district home makes proper and adequate disinfection of the hands next to impossible. The time element, too, proves to be an important factor, for few cities, even those desiring to institute this service, are able to give the nurses as much time as this type of nursing care and nursing precaution require. In Illinois, a state ordinance forbids this sort of care; therefore it is not a subject of special importance to a private organization, except during periods of epidemic, and although the consensus of opinion seemed to be that the whole problem of hospitalization, quarantine and proper provision for the sick poor should be regulated by the local Department of Health, the fact was brought out that adequate provision was made in practically no city represented, unless a private agency were permitted to help.

Prenatal work and delivery service were discussed at length. The question of visiting nursing to employes who come under group insurance was discussed briefly. The work of the visiting housekeeper and the dietitian or nutrition worker also came in for general discussion and the associations using such workers testified most generously and willingly to their value. The Public Health Association of Dayton has four such workers on its staff, the expense of one of whom is borne by the Junior League. Detroit has an Association of Visiting Housekeepers to which all of the agencies turn when that sort of work is needed. Chicago, Canton, and other cities use the visiting housekeepers of the Associated Charities or other groups.

The question of the advisability of having the office of the public health nursing association in the same building with a Family Welfare association was discussed briefly and was found to be a very good thing in some cities and to work less well in others.

The cost per visit was touched upon briefly but in this respect local work seemed to make each city a law unto itself. The advantage of charging for

educational visits was brought up as a source of income to different associations, but practically no cities had succeeded in persuading families that this kind of visiting was something that should be paid for. It was pretty generally felt that all good visiting nursing, like infant welfare, school and tuberculosis nursing, is educational in character and that if too much stress is put upon a charge for that visit in families where people are unable to pay, except by making some direct readjustment or sacrifice, the patient is lost to the Association and work which the Association is organized to do thereby loses out.

Nursing attendants came in for general discussion. Such women are so difficult to secure in large cities where there are any number of jobs for both men and women workers who would come under the head of unskilled labor, that none of the larger associations had succeeded in securing them. In fact, it developed that the maiden aunt had more or less ceased to exist as a neighborhood helper or as an assistant to her own relatives. Here and there an occasional practical nurse or helper, known to an organization for years and paid almost as much as the graduate nurse is receiving, could be secured occasionally, but for the most part, untrained women look upon nursing and the household duties involved in the care of the sick, as work beneath them and much harder than factory or other eight-hour-day labor and they refuse to have anything to do with it. The suggestion that all of us urge our public schools to put into their curricula the American Red Cross courses in Home Hygiene and Care of the Sick, met with very general approval.

Some of these topics were further elaborated in the Superintendents' sessions and the question of hours, quality vs. quantity of work, salaries paid, use of cars, promotions, appointments, teaching, etc., came in for very earnest and serious discussion.

The letters which have been received from different individuals who attended this Conference seem to indicate that more such conferences could be of community value as well as distinct mutual help. The conference is not organized and nothing could be much more informal, but perhaps for these two reasons, it is of special help and value to the people attending it.

AN INSTITUTE FOR SUPERVISORS

THE NEW HAVEN VISITING NURSE ASSOCIATION is planning to run a four-day Institute for Supervisors, to be held at their headquarters, 35 Elm Street, the week of February 24, beginning Monday night, and carrying through Tuesday, Wednesday, Thursday and Friday. The institute will be open to any Supervisors of New England, but will be restricted to a registration of thirty, exclusive of the New Haven group. The charge will be $10. The Institute will not take up rural problems, the plan being to take up questions of pedagogy, general supervision and special supervision. For this reason, the registration is restricted to nurses who have at least four nurses under them. For further information write directly to the Superintendent of the Visiting Nurse Association, New Haven, Conn.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

THE RECRUITING, ADMISSION AND GRADUATION OF STUDENT NURSES[1]

BY BERTHA L. KNAPP, R.N.

THE extended scope of the subject assigned me reminds me of the small boy who was told by his teacher that he must write an essay containing three hundred words. He cast about in his mind to find a subject sufficiently comprehensive to admit the use of so many words and finally chose, "The World and What It Contains."

The recruiting of nurses has come to be an important factor in most schools of nursing. Now that women may enter so many fields that were not formerly open to them, there is less need for their consideration of nursing. With other arts and professions and with business calling them, they have greater opportunity to humor their tastes and inclinations. So schools of nursing must compete with factors of strong drawing power in securing students. The school should, therefore, give consideration to the things that appeal to young women.

The advantage of nursing as a means of livelihood, as an interesting field of endeavor, as an opportunity to serve humanity, should be kept constantly before the public; not alone that part of the public composed entirely of young women, but also that part where parents are wont to thrive, for strange as it may seem to some in this day, parents still have much to say concerning their daughters' activities. Perhaps the strongest appeal to the young woman herself is the greatness of service to humanity, the desire so to live and to do, that the world may be better and that suffering may be lessened. The young woman to whom this does not appeal will be neither successful nor contented in nursing and the profession will be better off without her. Our efforts should be to avoid, not to attract her.

Once it has been determined by the young woman that she will enter nursing, she naturally gives thought to where she can obtain the best instruction and how best she can equip herself for her life work. The school that makes the greatest effort to meet this reasonable demand will be most likely to receive her application. At the same time it will contribute more to the nursing profession and to humanity. To this end the school will provide the best possible course of instruction.

The prospective student is not so much interested in the shortness of the course as in its thoroughness. I can but look with some suspicion upon the value of a shorter course in nursing now so much under consideration. It seems to me we can accomplish more by giving a well-grounded, well-considered and well-developed course in nursing; by adding to it rather than subtracting, as experience and knowledge shall direct.

[1] Read at the annual meeting of the Illinois State Association of Graduate Nurses, Peoria, October, 1923.

The more comprehensive the training the broader the viewpoint of the student, and the more capable she will be of making proper choice of her particular field of nursing.

The worth-while woman wishes to make the most of herself and she will seek that place which gives the most thorough and complete training to aid her in her ambition; in fact she will continue studying long after her graduation, as numerous postgraduate courses and courses in institutions of higher education bear evidence.

Perhaps the best test any school can have to determine if it is meeting the expectations of its students is the relation of the new students to those already enrolled. If the enrolled students are asking their own sisters and friends to enter their school of nursing, you may be sure that school is traveling the right road. If the doctors on your staff are recommending your school to their young friends, if the pastors of the churches are sending you their parishioners, you may take heart and continue in the thought that your methods are good. If your school is not so assisted, it is time to pause and consider.

The excellence of the training having been determined, the nurse applicant will consider the environment she is to enter during her three years' residence. She will expect the spiritual side of her nature to receive the same thoughtful consideration provided for her educational development. She will want to complete her course more strongly intrenched in habits that are good, than when she began it. Schools greatly err and do incalculable injury that neglect this part of their duty. No normal woman wishes to live in an atmosphere redolent with petty jealousy, bickerings and selfishness.

Whether we like it or not, whether we believe it or not, the reputation of our school goes into undreamed-of places and determines in a large measure both the number and character of applicants. A human, fair-minded, considerate faculty will attract more students than will printer's ink. The spirit which actuates an institution determines its future.

Other things being equal, the school with the most comfortable nurses' home will prove the most attractive. We must realize that the nurse-in-making is not a new species of womankind; she is susceptible to all the things that appeal to other young women. An enjoyable home, a pleasant place for the reception and entertainment of her friends, a quiet restful room, all her own, where she may retire for study and sleep, are rightfully hers by virtue of the facts that she is young, that she is a woman, that she is making an earnest effort to equip herself for life, that she is daily giving to the institution which should provide these comforts, a service that is worthy of compensation.

By the admission of students I apprehend is meant what we generally speak of as "entrance requirements." Nursing is both an art and a profession. The success attainable in it can be forecast largely by the fundamental education of the aspirant. I would that everyone entering a nursing career might have a university education. For the present, at least, this is not practicable. We are confronted by stern realities and not theories only. Therefore, we must take that stand which will get the best results with the restrictions under which we labor. I believe that graduation

from an accredited high school is a practicable minimum educational requirement. I am not so simple as to think that no one without such educational advantage can succeed as a nurse, but taken as a class, success is more likely to come to those who are so qualified, than to others. Since rules must be made and must be lived up to, else there is no use in making them, as high a standard should be adopted as is compatible with our needs.

What should constitute the minimum age of an entrant is always a mooted question. Since grave responsibilities are assumed by the student, it is not fair to the patients she will serve, nor to herself, to enroll her at an immature age. For her practical work in training, she would do better if she could be not less than twenty-five years old; her theoretical work could be acquired at an earlier age; but again stern realities confront us. High schools graduate students as early as seventeen years of age, though most such graduates are eighteen. These young women, as a rule, will not wait for more mature mentality, but will enter at once that avenue which will receive them, and there are many such. Schools of nursing must of necessity accept them early or not at all. Taking everything into consideration, perhaps the best we can do is to make the minimum entrance age nineteen years, encouraging applicants to secure further education, where that is possible, and to enter later.

Age and preliminary education are extremely important considerations. Morality is even more important. That the applicant must be of good moral character is not open to question. It would be an unworthy service to our profession to admit thereto anyone not firmly rooted in womanly virtues.

In considering the third phase of my subject, Graduation, the first thought is as to the time when it should eventuate. The natural suggestion is, "at the end of three years." But is that necessarily the time? If the school and the student have done their full duty it is. No nurse, however, should be given a diploma signifying that she has completed her training acceptably until she has actually done so. She should have passed every subject in the curriculum with a standing creditable to her and to the school. She should have done the practical work prescribed for her. Remember, the school is saying to the sick and to the injured, that the nurse is competent to serve them skillfully in their hour of adversity. They have a right to depend upon the truthfulness of the school's statement and untruthfulness under such conditions is a baseness hardly forgivable.

However, let us assume that the nurse has finished her tasks well and faithfully and is entitled to the school's recommendation. She is about to bring to a close, a period in her life when warmest friendships were formed, when character was in the building, when she was fitting herself for her career. For student nurses live differently than other students; they are together at night as well as during the day; they are the observers, and to some extent, the sharers, of the joys and sorrows of others; they behold the varied currents of life constantly flowing before them; they mingle their thoughts, experiences, sympathies, ambitions. The nurse is about to separate from much that she holds dear. It is a solemn moment in

her life and should be so treated. How far short of what ought to be done does the school fall that merely gives the graduate a diploma and sends her away, with nothing to mark the occasion as one of accomplishment, with no ceremony to assure her of the school's continued interest in her? Let the school do all in its power to make the occasion one long to be remembered, one to be treasured in her heart. Let the exercises be such that commencement time may stand out as one of the brightest spots in her life, to which, in years that follow, her thoughts may revert with pleasure, and with the conviction that she owes much of the best in her life to her Alma Mater.

HOW DOES YOUR STATE STAND?

The following table shows the rating of each State Association by percentages in a comparison of the membership with Journal subscribers for the month of December:

Over 100%
Oklahoma

Between 90% and 90%
Idaho

Between 70% and 80%
Arizona, Florida

Between 60% and 70%
South Carolina, South Dakota

Between 50% and 60%
West Virginia, Wyoming, Wisconsin, Alabama, Pennsylvania, Kentucky

Between 40% and 50%
Mississippi, New Jersey, Oregon, New Mexico, North Carolina, Kansas, Delaware, Illinois, Massachusetts

Between 30% and 40%
Virginia, Minnesota, North Dakota, Georgia, Iowa, Indiana, Ohio, Maine, Connecticut, Arkansas, Nebraska, New Hampshire, District of Columbia, Vermont, Utah, Michigan

Between 20% and 30%
Texas, Rhode Island, New York, Tennessee, Washington, Missouri, Montana, Louisiana, Colorado, Hawaii

Below 20%
California, Maryland

STUDENT NURSES' PAGE

REFLECTIONS OF A WESLEY NURSE

By Kate Marie Sutton

Wesley Memorial Hospital Training School, Emory University, Georgia

WHAT a train of recollections come when I think of the happenings, some sad, some happy, some funny, some serious, during three years spent at Wesley Memorial Hospital.

Though probation days are far behind me, how vivid is my recollection of those two long months. How appalling was my ignorance, how great my ambitions, how high my aspirations when Miss Greenhorn went a-nursing.

The first few days of nursing soon taught me that being a nurse meant more than taking temperatures and wearing a fresh uniform. The time that wasn't spent in scrubbing something ("Scrubbing" is a strong word for "dusting") was mostly spent in dodging doctors and rising to Senior nurses. Then, to me, a uniformed nurse was a glorified angel with a beautiful white cap for a halo. No day can ever hold the bliss of the day I first donned the coveted uniform. But those were carefree days; no one expected a probationer to know anything.

Soon responsibility cast itself upon me. Who can ever forget the first night duty sentence. Things that appear perfectly normal in daylight take on a serious and solemn aspect about one or two a. m. Sick people seem sicker, ten times sicker, in the wee small hours of the night. How slowly the hours do creep. How we do yearn for one little nap. You feel as if you could sleep on a razor blade, about three o'clock in the morning.

However, the memories of night duty don't compare with those of the diet kitchen. If patients ever fuss you may be sure it is about their trays. The eggs are either too soft or too hard, and what should be hot is always cold, and what should be cold has had a rise in temperature, and there you go!

About the time I began thinking I was a regular nurse and knew everything, I was put in charge of a floor. I learned the excruciating joy of being blamed for the other fellow's mistakes and along with all this came those frequent visits to the office, for leaving undone those things that should have been done. But after all, there is a certain satisfaction in being able to make things run smoothly and systematically.

Of course, every nurse knows that some time in the dim and distant future she will enter the operating room. I tremble now when I think of the day I reported there. I felt like an unnecessary piece of furniture. It was "don't touch this," and "don't touch that," until I wondered what there was I could touch. But finally I mastered the mysteries of aseptic technic, learned to keep my head when doctors yelled (even though my ears did tingle for a week), and was able to answer, "Yes, Doctor," when asked if all the sponges were accounted for. These days were full of interest and the training was very valuable for accuracy, quickness and skill, but it was a glorious day when I went

back on the halls and became once more familiar with people's faces instead of their insides.

The bane of my existence was class work. The weary hours I spent on Anatomy and Materia Medica! Such labor never entered my mind when I was having fond dreams of being a nurse and relieving suffering humanity. Why couldn't bones be named something shorter than Ossa Innominata, or a drug something simpler than Hexamethylamine, and why are there so many nerves, muscles and blood vessels? Indeed, we are fearfully and wonderfully made. And how discouraging, when trying to make one small head hold all that knowledge, to have a doctor remark: "They are the brightest looking class of girls to be so stupid I ever saw."

There were days that were a continued grind; when nobody could be pleased; when life didn't seem worth living. Ye shades of Florence Nightingale! where have all our beautiful ideals flown? We vowed daily to go home, but why didn't we? We were held fast by the lure of nursing. There is a fascination that every girl feels if she has the true spirit of a nurse. Can any joy equal that when we have had a part in the saving of a life? Oh! there are hundreds of rewards for our toil and we are glad that we are nurses. We want to live up to our Wesley ideals as they have ever been held up before us by our Superintendent, Miss Alberta Dozier. She has been our constant inspiration and we think Longfellow must have had her in mind when he wrote:

A noble type of good
Heroic womanhood.

PRAYER

By Mildred M. Robbins

St. Luke's Hospital, Kansas City, Missouri

She asked for love—
And He gave her the love of humanity.

She asked for a home—
And He gave her the homes of the sick.

She asked for children—
And He gave her His children to mother.

She has received nothing she asked for—
Yet she received more than she hoped for.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 300 words and should be accompanied by the name and address of the writer.

NOTE ON STANDARDIZATION

DEAR EDITOR: We are all eagerly looking for the standardization whereby every means known to medical science shall be used for the best possible care of our patients,—the definite standard as maximum and minimum established where we may measure our efficiency as to service and end results. In our earnestness to help the physical, let us not forget the spiritual; this may be just the thing that is needed, the word of "Our Master" who is directing our every move which will tend toward the best end results. Let us not forget the human side of nursing care, nor use that touch which is so mechanical, minus sympathy, at times present among our group. As this standardization is developing may the spiritual develop also, and good must prevail in order that this be accomplished. Why should the question of reclassification for nurses be thought of,—because as in other walks of life, some one is belittling it. Now let us work together, perhaps as never before, upholding standards set by our educational leaders, belonging to a professional group and raising the same as necessity demands. Close cooperation of all the nursing groups will certainly tend toward this end.

New York B. A. M. F.

TO CHEER US ON

DEAR EDITOR: I have enjoyed the *American Journal of Nursing* for three years, more than ever these past eight months, while in California. I think it is one of the very best printed. I cannot be without it, it's a part of my daily work and a part of my life.

California M. V. P.

FIRST HAND KNOWLEDGE

DEAR EDITOR: I have been ill with tuberculosis since August, 1922, but each month I've looked forward to receiving my copy of the *Journal* with great interest. Especially interesting have been the articles on tuberculosis. I wish we could have more. I would like to know more about the use of Tuberculin, why some doctors use and think it of such help, and others are so opposed to its use. For fourteen months I was a patient in a large sanatorium in California and I found that it was only the exceptional nurse who understood her patients and their mental problems. The majority failed to realize the extreme nervous condition which accompanies tuberculosis; nearly all patients in such a sanatorium are far from all home ties and friends and a little thoughtless impatience on the part of the nurse causes hours of mental discomfort that the same patient at home, or among friends, would not have paid any attention to. The "at home" is meant to include sanatoria or hospitals in the home community where it is convenient for friends to call. I hope we can have several more articles on tuberculosis this coming year that will be so interesting to the nurses they will be anxious to take up tuberculosis nursing. I am still in bed but I am looking forward to the time when I can begin nursing again. I have always been interested in tuberculosis but have never done any real tuberculosis nursing. As soon as my health permits I am going to, and in the meantime I will try to make all with whom I am in contact see the need of more nurses and better nursing in this great field.

Indiana L. K.

FROM EGYPT

DEAR EDITOR: You can find the Anglo-Egyptian Sudan on the map, but the Nasser would hardly be there unless you had one showing the missions. We are on the Sobat River, about two hundred miles from its outlet into the White Nile. This part of the Sudan is partly under military government; there is a regiment stationed at Old Nasser about a mile and a half below us. Some parts of the Nuer country are not considered safe for us, and the Government has not been willing to give permission for work to be carried on there. There is a mission station near the mouth of the Sobat, and another one in the western part of Abyssinia, four to six days' journey from us. The work at Nasser is with the Nuer tribe, said by some

to be the most warlike tribe in this section of the Sudan, but we who work with them do not believe this. I am doing the medical work alone at this station at present. There is a doctor about two hundred miles from us at these other stations, but two hundred miles here is a vastly different thing from two hundred miles in America. There are little military boats which bring our mail twice a month, and from the mission station near the White Nile it takes the boats, making good time, three days to reach us. On the Abyssinian side, we have boats about three months of the year, during the rainy season, while the river is high. Many, many people are coming to us from far and near, and they indeed are very needy. We have so many suffering from yaws. It seems as though at least ninety per cent of our Nuers have been victims. Neosilversan is the specific, and it is wonderful to see how quickly it gives results. We have many people suffering from amoebic dysentery, malaria, leprosy, trachoma and elephantiasis. Can you think of a nurse examining patients, making a diagnosis, and giving treatment? This I must do all the time and my diagnosis isn't questioned. Why? No one nearer than several hundred miles, to question. We have a little dispensary, but some day we are to have a hospital. There is a doctor for this station but he has to be away, sometimes for some few months. Next year he goes to America on furlough. We need another nurse and are praying that the Lord may send us one very soon. I love the work and am thankful to be here, where the need is so great, and the Lord has blessed us very much. I am always glad to get the *Journal*, glad to know what is going on at home in the nursing world. Sometimes I feel very far away from people and everything. It seems as though I were sitting on the very edge of the world, but hardly a part of it.

Nasser, Sobat River,
Egyptian Sudan — C. Blanche Soule.

FROM KOREA

DEAR EDITOR: I read the *Journal* regularly and find it a great help to me in my work of running an up-to-standard training school in the Orient. We have 32 pupil nurses, 7 graduates, and 1 nurse from a country hospital for special work. The hospital holds 80 patients and it is much too small. About 300 are treated every day in the dispensary. Our nurses are distributed as follows: Operating room, 3; isolation, 3; night duty, 3; dispensary, 8, and the others over four wards. The teachers for the training school are mostly doctors and medical students, except for massage, English, practical nursing, and bandaging, which is done by graduate nurses or our foreign nurses. Our equipment consists of one well furnished class room with a Chase hospital doll and also the baby doll, eleven anatomical charts, student chairs, a cabinet full of linen and enamel and rubber goods used in demonstration. Our work is on the whole encouraging and our aim is to train nurses who can take charge of other mission hospitals, departments in our own hospital, and finally our places in the future.

Seoul, Korea — Edna Lauerbach.

RECLASSIFICATION OF NURSES

DEAR EDITOR: The New York State Federation of Women's Clubs, meeting in Albany, in November, adopted the following resolution: Be it resolved that the New York State Federation of Women's Clubs convening in Albany, approve the action of the New York State Nurses against any rule, regulation, enactment or classification which shall place nurses in a lower position than that which they have universally occupied.

New York — K. M. L.

BOOKS AT REDUCED RATES

DEAR EDITOR: I have some books on hand that I would be glad to sell at a reduced rate. They are all in good condition, and nearly all are 1917 or 1918 editions. History of Nursing, Nutting and Dock, Vol. I, II, III, IV; Obstetrics for Nurses, DeLee; Materia Medica, Greff; Immediate Care of the Injured, Morrow; Making Good in Private Duty, Lounsbury; Private Duty Nursing, DeWitt; Nursing: Its Principles and Practice, Robb. — Mrs. Wm. D. Helseth.

Maple Row Farm,
Herkimer, N. Y.

ADDRESSES NEEDED

DEAR EDITOR: The Editor of the *Alumnae Bulletin* of the Children's Memorial Hospital, Chicago, Ill., has lost

track of some of its members and so far has been unable to trace them: Frances Harder, class of 1915 (Mrs. Oscar Mattson); Nina B. Young, class of 1915 (Mrs. J. Merritt); Iona Stephenson, class of 1916 (Mrs. Charles A. Lamb); Ann Wherton, class of 1916; Josephine Glenn, class of 1917; Lulu Krulik, class of 1916 (Mrs. Cecil Small); Olga Burita, class of 1916 (Mrs. Warren P. Ester).

1530 N. Mayfield Ave.,
Chicago, Ill. ELENDA H. FAST.

JOURNALS WANTED OR ON HAND

Journals wanted by Charlotte Norris, Store Kongensgade 92, Copenhagen, Denmark, to complete file, to be placed at the Copenhagen University Library: Volume II, No. 5; Volume IV, No. 10; and Volume XVII, No. 5.

Hugejean E. MacAfee, 9 Forest Street, Newton Highlands, has the following copies of the *Journal* to dispose of: 1903, July; 1905, May-July, and October-December; 1906, January-May; 1907, January-May, August, September, December; 1908, January-June, August, September; 1909, complete; 1910, April, June, August-December; 1911, February-October, December; 1912, January-March, May, July, October-December.

QUESTIONS AND ANSWERS

The editors will welcome questions and will endeavor to secure authoritative answers for them.

8. What is the routine of tabulating the nominations for officers of the American Nurses' Association?

All nominating blanks returned to the Chairman of the Nominating Committee by January 1st preceding the biennial meeting are counted by the Chairman, and names of nominees and numbers of votes received are tabulated. Her count, together with the nominating blanks, is sent to each member of the Committee for verification. The procedure for making out the ticket is given in Article VII, Section 6, of the By-laws of the American Nurses' Association.

9. Can you give us information with regard to the foreign countries which have federal registration laws which correspond with our state registration laws? If you have any information with regard to the secretaries of foreign registration boards, or foreign nurses' associations, we should be very glad to receive the same.

Great Britain has now its registration act and General Nursing Council to administer same. New Zealand had the first. Germany has also an act but not administered by nurses. Belgium also has one, very elementary. We are not able to give the address of examining boards or administration centers. However, by writing to the *British Journal of Nursing*, 20, Upper Wimpole, St., London, W., you can get the English, Scotch and Irish addresses. Miss Maclean, Government Bldg., Wellington, New Zealand, will give information, and the others can be had by writing to Miss Christine Reimann, International Secretary, who is now at Teachers College, New York. The addresses of national associations of nurses can be looked up in A History of Nursing and A Short History of Nursing.

A SUGGESTION FOR OTHER STATES

From Minnesota comes a three page folder from the St. Paul Public Library entitled "Nursing—A selected list of books in St. Paul Public Library." The titles are given under headings and are followed by the volumes' numbers, so that ordering is simplified. Twenty-one classifications of books are made, with an additional one for magazines.

NURSING NEWS AND ANNOUNCEMENTS

(Nurses who send items are asked to write very clearly, to print proper names, and to be sure of their facts. Please add the name and address of the sender.)

AMERICAN NURSES' ASSOCIATION

Rose M. Ehrenfeld, recently Supervisor of the Nursing Service of the State Board of Health of North Carolina, has been appointed to the Headquarters office, to assist in further developing the work of the American Nurses' Association. She will report for duty on January 7. Miss Ehrenfeld has had considerable experience in administrative work and will be an acquisition to the Headquarters office force. She is well known to a large number of nurses, especially in the South, where she has done some splendid constructive work.

The Finance Committee of the American Nurses' Association held a meeting at the Headquarters office on December 10, at which time a budget was prepared to present to the Board of Directors at its meeting to be held during the week of January 14, 1924. As soon as this report has been accepted by the Board of Directors it will appear in the columns of the *Journal*.

The amount of contributions for the relief of members of the German Nurses' Association up to December 15, received by the Headquarters office is $63.00.

ADDIE G. DAMS, *Secretary*.

SUBSCRIPTIONS TO THE JOURNAL FOR RELIEF FUND NURSES

In the November *Journal* the suggestion was made that a nice Christmas gift to a Relief Fund nurse would be a subscription to the *Journal*. In response to that request, eight subscriptions have been given and assigned.

NURSES' RELIEF FUND

REPORT FOR NOVEMBER, 1923

Receipts

Balance on hand	$25,865.63
Interest on bonds	65.30
Interest on Liberty bonds	65.00
	$25,995.93
California: Dist. 1, $43.41; Dist. 3, 8; Dist. 5, $30; Dist. 9, $25; Dist. 11, $12; Dist. 13, $2.50; Dist. 16, $1	111.91
Colorado: Graduate Nurses' Assn., (5 individuals)	5.00
Connecticut: St. Joseph's Hospital School Alum., Willimantic, $25; class of 1923 of Hartford Hosp., Hartford, $25; Waterbury Hosp. Alum., Waterbury, $10; W. W. Backus Hosp. Alum., Norwich, $4	64.00
Georgia: District 3	27.00
Florida: District 4	25.00
Illinois: Illinois State Assn. of Graduate Nurses, $250; Dist. 1, St. Joseph's Alum. Assn., $50; Dist. 7, Individuals, $10	310.00
Indiana: St. Vincent's Hosp. Alum. Assn., Indianapolis, $82; Indiana University School of Nursing, Indianapolis, $38	120.00
Iowa: State Assn. of Registered Nurses	390.50
Kentucky: State Assn. of Registered Nurses	25.00
Maine: State Nurses' Association	19.00
Maryland: State Nurses' Association, $17.60; Hebrew Hosp. Nurses' Alum. Assn., $30; one individual, Baltimore, $1	48.60
Michigan: Dist. 5, $2; Dist. 7, $1; Dist. 9, $3	6.00
Minnesota: State Nurses' Assn., $50; Dist. 2, $29; Dist. 3, $2; Dist. 5, $4; Dist. 6, $9; one individual, $1	95.00
Mississippi: State Nurses' Assn.	25.00
Nebraska: Dist. 1, $41; Dist. 3, $106	147.00
New Hampshire: Sacred Heart Alum., Manchester	25.00
New Mexico: Dist. 1	32.50
New York: Dist. 2, Rochester Homeopathic Hospital Nurses' Alum., $25; Dist. 3, Arnot Ogden Memorial Hosp. Nurses' Alum., $25; Dist. 4, Individuals, $100; Dist. 9, Saratoga Hosp. Nurses' Alum., $15; Dist. 10, Mohawk Valley Assn., $40.25; Dist. 13, New York Hosp. Nurses' Alum., $5; Roosevelt Hosp. Nurses' Alum., $5; Seven individuals,	

$8.50; Dist. 14, Methodist Episcopal Hosp. Nurses' Alum., $50; St. John's Nurses' Alum., $10; Student body, Long Island College Hosp., $25; Swedish Hosp., Superintendent of Nurses and eleven students, $25; Brooklyn Hosp. Alum., $50; Individuals, $5	388.75
Oklahoma: State Nurses' Assn., $43; El Reno Sanitarium Alum. Assn., $11	54.00
Tennessee: Dist. 1	126.00
Utah: Salt Lake County Hosp. Alum. Assn., $6; Thomas Dee Memorial Hosp. Alum. Assn., Ogden, $10	16.00
West Virginia: State Nurses' Assn.	23.00
Wisconsin: State Nurses' Assn.	50.00
Total Receipts	$28,130.19

Disbursements

Paid to 42 applicants	$600.00	
Exchange on checks	.40	
Money Order returned by Post Office—From District 3, Michigan	12.00	652.40
Balance November 30, 1923		$27,477.79
Invested funds		57,050.00
		$84,527.79

COMMITTEE ON FEDERAL LEGISLATION

Through National Nursing Headquarters, a letter has been sent to all Superintendents of Training Schools and to the State Nurses' Associations. Replies to these letters are being now received. In addition to this a letter has been sent to all of the great civilian organizations interested in nursing; the American Public Health Association, the National Child Hygiene, the Tuberculosis Association, and the Mental Hygiene. Replies have been received from the American Child Health Association indorsing the professional recognition of nurses. The American Public Health Association has requested that this matter be referred to the Nursing Committee, preferably to Miss Stack and Miss Fox. The status of the Bill remains the same. The Personnel Board, with the exception of the representative of the Civil Service, has decided to abandon the pay schedule and the classification created in the Bill and to adopt the pay schedule of the Bureau of Efficiency which was represented in the defeated Bill. While in this schedule definite classifications are abandoned, the instructions from the Personnel Board to the various Departments designate the classification under this new schedule to which employees shall be allocated, and in its instructions it is directed that nurses be placed in the group which corresponds to the sub-professional grade in the law. It is not understood how a Board appointed under a certain law can abrogate a portion of that law substituting for the Bill which passed, provisions of a Bill which was defeated, and still retain that portion of the Bill which relates to the creation of the Personnel Board. It is apparent to everyone interested in seeing all employees of the Government receive a square deal, that this is but a step toward the abandonment of the merit system and a return to the system which takes away from all Government employees even the meager protection which they now have. It is, therefore, believed that it is essential, since the point has been made as to where nurses should be placed in this schedule, that the efforts be continued to secure professional recognition for nurses in the Government Service in order that nursing may be more firmly established as a result of these efforts, made a more desirable occupation and attract a higher grade of applicant for training schools rather than allow matters to take their course, to see these high grade women discouraged from entering nursing, to see nursing gradually sink into a trade rather than a profession, and see the shortage of qualified nurses increase because of the failure of the Government to give proper recognition to nurses as professional personnel.

LUCY MINNEMONS, *Chairman.*

ARMY NURSE CORPS

During the month of November, 1923, the following named members of the Army Nurse Corps were transferred to the stations indicated: To William Beaumont General Hospital, El Paso, Texas, 2nd Lieutenants Anne

Coughlan, Ethel I. Hippa, Margaret N. Hennessey, Alica P. McGuire, Ila Breeden, Eugenia A. Wells, and Elizabeth Barker; to Army and Navy General Hospital, Hot Springs, Ark., 2nd Lieutenant Nell Suggs; to Letterman General Hospital, San Francisco, Calif., 2nd Lieutenant Lucy R. Taylor; to Station Hospital, Fort McPherson, Ga., 2nd Lieutenant Minerva O'Neale; to Station Hospital, Fort Riley, Kas., 2nd Lieutenant Anna Edsie; to Station Hospital, Fort Totten, N. Y., 2nd Lieutenant Mary A. Kenny; to Walter Reed General Hospital, Army Medical Center, Washington, D. C., 2nd Lieutenant Agnes C. Hogan; to Philippine Department, 1st Lieutenant, Lulu Gerding, Chief Nurse, 2nd Lieutenants Bernice W. Chambers, Anna L. Hart, Florence I. Barnhardt; orders revoked for 2nd Lieutenant Catharine G. Hoff for transfer to the Philippine Department.

Orders have been issued for the separation from the service of the following members of the corps: 2nd Lieutenants Mary O. McCartney, Martha F. Buchanan, Mary C. Anderson, Olivia Starks, Gertrude O. Peebles, Edna Ritenour, Bertha M. Madison, Grace W. Walker, Josephine Brown, Marie Bennett, Susan E. Littlepage, and Alma H. Bretz.

ARMY SCHOOL OF NURSING

The Army School of Nursing had as guests for a week over Thanksgiving, Mademoiselle Germaine Guilhaud and Mademoiselle Madeleine Cazally, both of whom are graduates of the Florence Nightingale School at Bordeaux. They have been sent to this country by the American Committee for Devastated France and have been spending two valuable months at the Presbyterian Hospital, New York. After further study they will return to their positions on Evelyn Walker's staff and continue their Public Health work in the Department of the Aisne, France.

JULIA C. STIMSON,
Major, Supt. Army Nurse Corps, Dean, Army School of Nursing

NAVY NURSE CORPS

Transfers: To Annapolis, Md., Elizabeth L. Bridgeman; to Chelsea, Mass., Ivy H. Keene; to League Island, Pa., Helen Rehn, Julia Meehr; to Mare Island, Calif., Hazel V. Braddick, Flora A. Gee; to New London, Conn., Dispensary, Submarine Base, Josephine A. Phelps; to Norfolk, Va., Julia T. Coonan, Chief Nurse; to Parris Island, S. C., Clara C. Gay; to Philadelphia, Pa., Graduate School of Medicine, University of Pennsylvania, (Course in Anaesthesia), Pauline L. Spann; to Portsmouth, N. H., Gertrude Campbell, Katie M. Smith; to San Diego, Calif., Agnes J. Gibson, Johanna E. Sunny; to St. Thomas, V. I., Sarah Almond, Chief Nurse, Susan J. English; to *U.S.S. Mercy*, Marion McKay.

Honorable Discharges: Josephine C. Croghan, Catherine M. Dalton.

Resignations: Ida Carlson, Estelle Y. Cobb, Charlotte S. Gibertson, Annie B. Johnson, Florence M. Kopp, Marjorie Mulcahy, Von Jean Sherrill, Esther M. Stolt, Rosanna B. Watson.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

Transfers: Dorothy Calder, to Ellis Island, N. Y.; Elizabeth Burke, Christine MacIver, Jessie Gessner, to Fort Stanton, N. M.; Hattie Haigwood, to Norfolk, Va.; Sarah Connell, to Memphis, Tenn.

Reinstatements: Ellie Taylor, Hazel Robbins, Grace Burrows, Ruby Davis, Alice MacMullen, Edith Bradeen, Cora Miller.

LUCY MINNIGERODE,
Supt. of Nurses, U.S.P.H.S.

U. S. VETERANS' BUREAU NURSE CORPS

HOSPITAL SERVICE, *Transfers:* Ruby Bracelin, to 37, Waukesha, Wis.; Elizabeth F. Delaney, to 60, Otsego, N. C.; Anna L. Currie, C.N., to 24, Palo Alto, Calif.; Blanche V. Durbin, to 32, Washington, D. C.; May Jones and Ada V. Hill, to 80, Ft. Lyon, Colo.; Laura F. Carney, to 93, Legion, Texas; Mildred E. Punt, to 81, Bronx, N. Y.; Gertrude M. Price and Gladys A. Morton, to 90, Whipple Brks., Ariz.; Olive M. Hallmark and Grace Divine, H.N., to 51, Tucson, Ariz.; Katie M. Wesley, H.N., to 53, Dwight, Ill.; Agatha E. Grieneche, to 2, Federal Park, Md.

Reinstatements: Susa H. Brudvik, Mrs. Mary L. Gordon, Lucy E. Compton, Margaret T. McGreal, Elsie Anna Andrews, Nellie B. Wallace, Julia Lyons, Ella Rutt.

DISTRICT MEDICAL SERVICE, *Transfers:* Annie Rae Kennedy, to Dist. No. 5, Charlotte,

N. C.; Clara O'Rourke, to No. 41, New Haven, Conn.; Clara M. Spielman, to 2, Federal Park, Md.

On November 5, 1923, the Chief Nurses from the U. S. Veterans' Hospitals and the fourteen regional districts met in a five-day session with the Medical Director and the Superintendent of Nurses, at the U. S. Veterans' Bureau, Arlington Building, Washington, D. C. Mary A. Hickey, Superintendent of Nurses, presided at the opening session. The opening address of this session was made by the Director, General Frank T. Hines, who emphasized that it was his desire to make the U. S. Veterans' Bureau Nursing Service equal to any in the world. The Medical Director, Dr. L. B. Rogers, urged upon the nurses the need for loyalty to the service. Clara D. Noyes, Director of Nursing, The American Red Cross, told of the birth and development of the nursing service caring for ex-service men. Major Julia C. Stimson, Superintendent of Nurses, of the Army Nurse Corps, spoke on the advantage of central control in a nursing service, giving a resume of how this central control was helpful to the field service and the opportunity it offered the Superintendent of Nurses to keep her corps up to the highest standard of efficiency. Beatrice Bowman, Superintendent of Nurses, of the Navy Nurse Corps, brought greetings from the Navy Nurse Corps and told the nurses of the recent appointment of two Assistant Superintendents of Nurses—one to supervise the nursing work on the West coast and one on the East coast. Miss Minnigerode, Superintendent of Nurses, of the U. S. Public Health Service, was the next speaker. She told of the development of the nursing service previous to the transfer of the nurses from the U. S. Public Health Service to the U. S. Veterans' Bureau. The affection in which Miss Minnigerode is held by the nurses who worked under her supervision was demonstrated by the reception she was given. Elizabeth G. Fox, President of the National Organization for Public Health Nursing, gave a splendid outline of how her organization might be helpful to the group of nurses in the U. S. Veterans' Bureau doing public health work.

The following days of the conference were spent upon the problems of nursing administration in U. S. Veterans' Hospitals and the District Offices. Many valuable suggestions were left with the Medical Director, which it is hoped may be formulated and put into practice. During the conference the nurses were received by Mrs. Coolidge, and were also entertained by the nurses at the Walter Reed U. S. Army Hospital, at the U. S. Naval Hospital, and at the U. S. Veterans' Hospital No. 32, Washington, D. C.

MARY A. HICKEY,
Superintendent of Nurses.

THE NATIONAL CONFERENCE OF SOCIAL WORK will hold its 1924 meeting in Toronto, June 25-July 2. Nurses attending the convention in Detroit may wish to plan to attend these meetings on their way home.

Alabama: Jasper.—WALKER COUNTY HOSPITAL was opened in December by Helen McLean, who is so well known throughout the state.

California: Pasadena.—JUNE RAMSEY, class of 1909, Johns Hopkins Hospital, has been appointed Superintendent of Nurses at the Pasadena Hospital. **San Francisco.**—STANFORD UNIVERSITY is announcing its third Summer Course of five weeks for Administrators and Instructors in Schools of Nursing, to be given June 24 to July 29. Laura R. Logan will direct the course, assisted by Maude Landis, and Instructors in the Stanford School of Nursing and other departments of Stanford University. **Stockton.**—DISTRICT 10 met at St. Joseph's Hospital on November 14th. Many members were present also the student nurses from the hospital. Edward Van Vranken, District Attorney, read a very interesting paper on Prevention of Crime. Dr. F. J. Conselmann gave a most interesting address on Heredity and Crime. Preparations were begun for Miss Roberts' visit in December.

Connecticut: THE GRADUATE NURSES' ASSOCIATION OF CONNECTICUT will hold its annual meeting in New Haven, January 24. The State League will meet on the 23d, and the Organization for Public Health Nursing on the 25th. The joint meeting of the three associations will be on the evening of the 23rd, when it is hoped Miss Goodrich will speak. THE CONNECTICUT LEAGUE OF NURSING EDUCATION held its fourth regular meeting for

the year 1923 at Grace Hospital, New Haven. The morning was taken up with an Executive Committee meeting, and combined round tables for superintendents and instructors at which members of the State Board of Examination and Registration for Nurses led the discussion. At noon a most bountiful lunch which was much enjoyed by all was served by the Grace Hospital staff of nurses. At the afternoon meeting the League was highly honored in having Dean Annie W. Goodrich as its guest; she addressed the meeting, giving an outline of the plan of administration and instruction in the new Yale School of Nursing. The Connecticut League of Nursing Education is very proud and happy to welcome Dean Goodrich and her associates to the state. **Bridgeport.**—The Bridgeport Hospital Alumnae Association met on December 11, when a Nominating Committee was chosen. It was their privilege to have with them, R. Inde Albaugh, who spoke on the *Journal*. The members are sure they can bring up the state's percentage after hearing her inspiring talk. **New Haven.**—The Connecticut Training School Alumnae Association held a meeting on December 6 with all officers present and a full attendance. After the business session, Dr. John Peters of the Yale School of Medicine gave an illuminating talk on Diabetes. He was followed by Dean Annie W. Goodrich, who spoke of the new School of Nursing to be opened in February. A social hour followed.

Delaware: The Delaware State Association of Graduate Nurses will hold its annual meeting at the Delaware Hospital, Wilmington, January 9, at 4 p. m.

District of Columbia: Washington.—The League of Nursing Education held its regular meeting at the Nurses' Club. After the transaction of routine business an announcement was made that the President, Miss Melby, had been appointed a member of the D. of C. Board of Nurse Examiners. Miss Goodnow gave an interesting report of the National League of Nursing Education meeting, held at Swampscott, Mass., in June. Special interest was added to the meeting by the presence of Mademoiselle Mignot and the very interesting account she gave of the Florence Nightingale School at Bordeaux, France. A Correction.—In the November *Journal*, page 140, the news item of the D. of C. League Meeting should read: It was decided to extend an invitation to the Councillors of the Graduate Nurses Association to attend our meetings and for those eligible to become members of the League, so as to form a closer relationship between these organizations.

Florida: Jacksonville.—Sister Lucille, graduate of Carney Hospital, Boston, has been made a charge nurse in St. Vincent's Hospital, succeeding Sister Rosario who takes up duties at the U. S. Soldiers' Hospital, Washington. Changes at St. Luke's Hospital: Mary E. Morrison, class of 1914, is a charge nurse; Mrs. Maud Revelle, class of 1917, has resigned the position of night supervisor to become a charge nurse; she is succeeded by Teresa Kohten, class of 1917. Ester Traeger, class of 1917, succeeds Gertrude Knecht as operating room supervisor.

Georgia: The Georgia State Association of Graduate Nurses held its seventeenth annual meeting at Atlanta, November 26-28. The official report has not yet been received. Officers elected are: President, Jean Harrell, George Baptist Hospital, Atlanta; secretary, Jessie Candlish, 20 Ponce de Leon Avenue, Atlanta; treasurer, Jane Van De Vrede, 249 Ivy Street, Atlanta; presidents of District Associations are: First District, Dora Mathis, Wesley Memorial Hospital, Atlanta; Second District, Margaret Dorn, Augusta; Third District, Hattie Wilder, Orange Street, Macon; Fourth District, Harriette Buckner, 114 Hull Street, Savannah.

Illinois: Chicago.—The Chicago Tuberculosis Institute has been having an exhibit of forty health posters in the Board of Education building. These posters were made by high school students of Chicago and Cook County. They are divided into Class A, concerned with general health, and Class B, concerned with tuberculosis Christmas Seals. The first two awards, one for each class, went to students in the J. Sterling Morton High School of Cook County, but it happened that the other honors were equally distributed among the other schools. Ravenswood.—Ravenswood Hospital School of Nursing has secured an affiliation with the Chicago Visiting Nurse Association. Mrs. Mae B.

Cameron has returned to the hospital as Chief Anaesthetist. She is a recent graduate of the Lakeside Hospital School of Anaesthesia. Nellie A. Tarbert, class of 1919, Rockford Hospital, has been appointed Assistant Surgical Supervisor. **Indiana: Gary.**—St. Mary's Mercy Hospital Alumnae met at the Hospital on December 12. A suggestion was made that a nurses' social club be organized, inviting all outside graduates to join, the first meeting to be held in January. The president appointed a Program and a Refreshment Committee. **Terre Haute.**—Aline Minor, class of 1914, Johns Hopkins Hospital, has been appointed Director of the Public Health Nursing Organization.

Kansas: Topeka.—In 1882 through the efforts of Bishop and Mrs. Vail (Bishop of the Kansas Episcopal Diocese), Christ's Hospital was founded with the request that no one be turned away from the doors, if they came seeking medical and nursing care. Through many successful years Christ's Hospital has kept this request, and has had many non-paying patients. In the spring of 1923, the Board of Directors of the hospital recognized the need of a new building and a campaign was started for this purpose. The Alumnae Association, in order to show its love and loyalty, pledged $10,000 to this cause. Between $6,000 and $7,000 was raised by individual pledges of the different members, the remainder is to be raised by bazaars, rummage sales, socials and food sales. The association has already raised between $500 and $1000. Also for next spring, plans for a bazaar are under consideration. Every member of the association is putting her best effort behind these plans. **McPherson.**—Agnes A. Newbold of Peoria, Ill., has been appointed instructor in the McPherson County Hospital.

Kentucky: Bertha Boers, class of 1914, Johns Hopkins Hospital, is supervisor of nurses, Kentucky State Department of Health.

Louisiana: The Louisiana State Nurses' Association will hold its annual meeting in New Orleans, February 28 and 29.

Maine: The Maine State Nurses' Association will hold its annual meeting in Lewiston, January 4 and 5.

Maryland: The Maryland State Nurses' Association, the Maryland State League of Nursing Education and the Maryland State Public Health Nurses' Association will hold their annual meetings in Osler Hall, Baltimore, January 10-11. Mary M. Riddle, President of the Nurses' Examining Board of Massachusetts, will be the guest of the associations and the speaker at the evening meeting, January 10. Dr. John F. Hogan, Director of the Communicable Disease Bureau, Baltimore Health Department, will be the speaker at the meeting, Thursday afternoon. The annual supper will be on January 10, at 6 p. m. Gulielma H. Bode has resigned as Registrar of the Central Directory, a position she has held for several years. Johns Hopkins graduates are reported as follows: Louise Savage, class of 1921, has been appointed instructor in practical nursing at the University of Maryland Hospital; Virginia Mahoney, class of 1920, has taken charge of the hospital at St. Anthony, Newfoundland, with Nina Hommel, class of 1922, as assistant; Dorothy Lloyd, class of 1922, has sailed for Changsha, China, to help at the Yale in China mission. Eva L. Fischer, class of 1916, is instructor in practical nursing at the Lakeside Hospital, Cleveland.

Massachusetts: The Board of Registration of Nurses will hold an examination on Tuesday and Wednesday, January 8 and 9. Application must be filed seven days before the examination date. Charles E. Prior, Secretary, State House, Boston. The Massachusetts State Nurses' Association will hold its mid-winter meeting, February 16, at Lecture Hall, Boston Public Library. The following Sections will present programs: Private Duty Nurses' League, State League of Nursing Education, and Public Health Section. Carrie M. Hall will preside at the general sessions of the State Association, and an address on Dental Nutrition and Tooth Development will be given by Harold DeW. Cross, of the Forsythe Dental School. There will be music by a chorus of nurses and tea will be served at the Boston Nurses' Club. An interesting feature of the program will be reports from County Branches. The Massachusetts State Nurses' Association filed, in December, a bill for increased legislation. Efforts are being directed toward securing

an Educational Director and the Licensing of Attendants. THE NEW ENGLAND INDUSTRIAL NURSES' ASSOCIATION held its November meeting in Boston, having as speaker Dr. William R. P. Emerson, on Physical Unfitness of the Young Worker. Boston.—THE BOSTON CITY HOSPITAL ALUMNAE ASSOCIATION held a New Year's party for alumnae and students on New Year's evening. THE ALUMNAE ASSOCIATION OF THE MASSACHUSETTS HOMEOPATHIC HOSPITAL held a meeting on December 3, at which the proposed nurses' bill was explained by Ellen C. Daly and discussed by Dr. Pollock. Fall River.—THE ALUMNAE ASSOCIATION OF THE FALL RIVER GENERAL HOSPITAL held a dance on November 21 which proved a social and financial success. THE ALUMNAE ASSOCIATION OF THE UNION HOSPITAL held its fourth and most successful sale on November 14. The profits amounted to $550. THE TRUESDALE HOSPITAL ALUMNAE ASSOCIATION held its annual meeting recently and elected the following officers: President, Demaris Weeden; vice-president, S. L. Evans; secretary, G. L. Fullerton; treasurer, Margaret Christie. At a bazaar held in November the proceeds amounted to $500.

Michigan: THE MICHIGAN STATE LEAGUE OF NURSING EDUCATION is distributing a form letter to the hospitals of the state on a number of the interests of the League, among which is an urgent appeal to each Training School for Nurses, to urge the student body to raise funds to send a student nurse to Detroit for the 1924 biennial meetings and to secure the coöperation of every nursing organization of the state, as well as the hospital personnel of each hospital to help secure publicity and purchase for the calendar published by the National League of Nursing Education. The date decided upon for the meeting of the State League of Nursing Education is February 13, 14 and 15, at Flint. Anna M. Schill, Hurley Hospital, Flint, is Chairman of Arrangements. Ann Arbor.—The students of the University School of Nursing have begun the publication of a bulletin, the *Scalpel*. It is designed "to inspire, rest and delight you." It contains two important educational articles and personal notes concerning members of the Training School and alumnae members. It carries a well balanced touch of humor and seriousness. It cannot help serving the purpose of drawing the student body closer together and the alumnae closer to the school. The Alumnae have a loan fund started in 1917, through the efforts of Miss Pemberton, made up from donations of individual members. Its purpose is to help students through training who are financially handicapped. The students are to have a new nurses' home, a gift from Senator Couzens who gave McLaughlin Hall to the Harper Hospital. Detroit.—A meeting of the First District Association was held December 7. Among matters of importance brought to the attention of the meeting, perhaps the one inspiring the deepest interest concerned the National Personnel Reclassification Board, which places nurses in government hospitals in a non-professional classification. A meeting of the Farrand Training School Alumnae Association was held December 11 at McLaughlin Hall, Harper Hospital. Methods for sale of calendars from National Headquarters were discussed. Emily A. McLaughlin, Chairman of Arrangements Committee for biennial conventions of 1924, called a meeting of her committees for December 13, at McLaughlin Hall, Harper Hospital, to discuss plans and receive reports. The pupil nurses of the Women's Hospital held a bazaar and dance in October, in aid of the Student Nurse Relief Fund in Russia and Japan. The sum of $186.75 was turned over to the committee. THE GRACE HOSPITAL ALUMNAE ASSOCIATION held a bazaar on December 11 and 12 in aid of their Chinese Scholarship Fund. Marquette.—December 14 held its monthly meeting at the Nurses' Residence of St. Luke's Hospital. The usual business was transacted, and ten new members accepted. The Senior Nurses of the Hospital entertained the members with a pleasant musicale, all singing "Michigan, My Michigan." E. S. Rice, President First National Bank of Marquette, gave a talk on Banking and its present-day methods. Sandwiches and coffee were served by the Senior class members. A social time was enjoyed by all. Saginaw.—THE SAGINAW DISTRICT ASSOCIATION held its annual meeting on October 9 and elected as officers: President, Laura

Thomas; vice-presidents, Josephine Earley, Martha Riedel; corresponding secretary, Mary J. McGovern; recording secretary, Alice Jones; treasurer, Jane Taggert; directors, Lydia Thompson, Helena Gibson, Caroline Bray, Bessie Sutherland Burdick, Rosemary Lynch, Agnes Topham. The members are carrying on the same program as last year, twelve Captains and teams having been appointed, each team putting on a monthly program, and the team having the best program of the year is to be banqueted. The June team's program of last year was pronounced the best and is to be banqueted in the near future. Irene Krebs was Captain. The November team, Mary Chayer, Captain, put on a unique program in the way of a School Health Program. Members came dressed as school children, each bringing a sandwich on which judgment was passed as to its nutritional value. A half pint bottle of milk was served with it. Demonstrations of the School Health Program were given. Health posters and a short health playlet were enjoyed. The December team, Sarah Jane Grumbley, Captain, is putting on a Christmas Donation meeting. Each member is to bring a can or two of fruit or vegetables. These are to be given to some needy family. A speaker from the Associated Charities will be heard. **Saginaw.**—Officers of the Women's Hospital Alumnae for the coming year are: President, Mary G. Gunnell; vice-presidents, Mary Rands, Rebecca Kerr; secretary, Edith Gray; treasurer, Ora Giles. A new X-ray machine has been installed at the Women's Hospital and is now in operation. Officers of the St. Mary's Hospital Alumnae for the coming year are: President, Rosemary Lynch; vice-presidents, Evelyn Pitt, Mary J. McGovern; secretary, Mrs. Lawrence Bauman; treasurer, Ann Allen. Sister Mary Felicita, who for many years was Supervisor of the Fourth Floor at St. Mary's Hospital, has returned and will supervise the fourth floor again, after an absence of six years. Her many friends welcome her return. Officers of the Saginaw General Hospital Alumnae are: President, Mrs. Lulu Dixon; vice-presidents, Mrs. Grace Pritchard Clark, Gladys Gibson; secretary, Martha Riedel; treasurer, Thelma Cubbage.

Minnesota: St. Paul.—*The Mound Builder*, a publication of Mound's Park Hospital, has on the cover of its October issue, a drawing of the proposed new Midway Hospital for which a drive for funds was conducted in November. A bazaar was held by the alumnae in November. Lilian M. Thompson has resigned her position as Night Supervisor at the Hartford Hospital, Hartford, Conn., to become Supervisor of the Operating Rooms at the Charles T. Miller Hospital. Florinda Abrahamson has assumed the position as Superintendent of Nurses at Bethesda Hospital. Miss Abrahamson is a graduate of Augustana Hospital, Chicago, Ill. The Private Duty Nurses' Section of the Fourth District were entertained by the Bethesda Hospital Alumnae, November 15. The Swedish Hospital Alumnae gave a fall festival at their beautiful Nurses' Home, November 15. $60 was realized, part of which will be used for Christmas baskets for needy families. Elizabeth McMillan, graduate of the Asbury Hospital, has accepted a position as anesthetist and X-ray technician in Columbus, Neb. Hillcrest Alumnae gave a bazaar at the Nurses' Home, December 4 and 5; the profits were about $300. Members of the Association are visiting nurses who are patients at Glen Lake Sanatorium. A Christmas party was given there in December.

Missouri: The State Nurses' Association is having the State history of nursing compiled. This is being done by Mrs. N. M. Trenholme, who is skilled in historical research. **Columbia.**—Each year at the University of Missouri, the students celebrate Homecoming Day. One of the features of the day is the parade at 10 a. m. Every school in the University is represented in this parade. This year there were 150 floats. The School of Nursing, giving the five-year combined course in Nursing and Arts, carried away the first prize, this year. The nurses had two floats. The first represented Nursing Education; on this float was a graduate, acting as Instructor, and seated were two student nurses, in their blue uniforms, and two probationers in their pink uniforms. The entire setting of the float was white. The other float represented different fields of nursing. One nurse dressed in the Public Health uniform,

had two children beside her; another, in the Army Nurse uniform, had a patient with a bandaged head, in a wheeled chair; a third nurse, in the Red Cross cap and cape, carried the baby Chase doll and a nursing bottle containing starch water. **Kansas City.**—The Alumnae of the University Hospital feel deeply the loss by death of Dr. John W. Perkins, who organized the University Hospital in 1913. This hospital was closed last summer because of his illness. **St. Joseph.**—The New Missouri Methodist Hospital has appointed as its Superintendent, Mary F. Deever of Cincinnati, who has been for seventeen years Superintendent of Nurses at Christ Hospital, where she has been able to accomplish great things in nursing education. **St. Louis.**—The Southside Public Health and Nursing Center held a formal opening of its new home at 901 Lami Street, on December 8.

Montana: Helena.—St. Vincent's Hospital is new, well planned, well equipped, and has an active service. It has 160 beds and a school of 26 pupils. It has a good many graduates and Sisters and a full-time instructor. The District Association has equipped a very tasteful and comfortable rest room for special nurses.

New Hampshire: The New Hampshire State Graduate Nurses' Association held its quarterly meeting in Concord, December 12, at Chamberlain House. The League of Nursing Education met in the morning; a general meeting was held after dinner, followed by a tea and entertainment given by the alumnae of the three Concord Hospitals. Lydia King, class of 1913, Johns Hopkins Hospital, is State Supervisor for the Red Cross. **Claremont.**—Dedication exercises for Claremont's new hospital, the Stowell Memorial and Veterans' Memorial Wing, were held October 31, at the new building. The principal address was delivered by George A. Tenney, chairman of the Stowell Fund trustees, who gave a history of the career of George H. Stowell, who made possible the new hospital by the bequest of $50,000. Mr. Tenney ended his address by presenting to the Ladies' Union Aid Society the deed and keys to the property. Frank H. Foster then gave a brief resume of the campaign which made possible the Veterans' Wing, when the people of Claremont and the surrounding towns subscribed $77,000. The first subscription of $1,000 was made by the Claremont Post of the American Legion. Following these exercises, tea was served by the Ladies' Union Aid Society, when those present took the opportunity to inspect the new building. The Stowell Memorial Hospital contains, including the Veterans' Wing, a total of fifty-two beds. Seven of these are individual memorial rooms. The maternity wing has eight private rooms, a six-bed ward, the nursery, and the case-room. One of these rooms is furnished by the Claremont General Hospital Alumnae Association. The Veterans' Wing contains twelve two-bed wards and a sun porch. Nothing has been overlooked in building and equipment, making the Stowell Memorial Hospital one of the most complete in this section of New England. Gladys Larabee, who succeeded to the superintendency of the Claremont General Hospital last spring, will continue in that office at the new Memorial Hospital. **Woodville.**—The regular meeting of the Woodville Hospital Alumnae Association was held October 10 at the home of Mrs. James Sweeney. Following the transaction of the regular business, plans for raising money for an endowment fund were discussed. A social hour followed.

New York: Buffalo.—The Homeopathic Hospital is providing affiliated training for its students at the Cleveland City Hospital in Pediatrics, Medical and Communicable diseases. **Canandaigua.**—The Frederick Ferris Thompson Memorial Hospital is having a difficult time in financing its work during the months that intervene between the death of Mrs. Thompson, who had been a regular contributor to its support, and the time when her legacy shall be available. In an effort to help the institution, the student nurses held a sale in November from which the sum of $409.25 was realized. This was presented to the President of the Board of Trustees, by Julia Pollard, a Senior. The gift was much appreciated, in itself, and for its expression of loyalty. Minnie Kane, class of 1916, has been appointed tuberculosis nurse for Ontario County, succeeding Anna M.

Suter, who has recently resigned. Caroline Nicholson, class of 1910, has been appointed Superintendent of a hospital in California. Camilla Sale, class of 1912, is Superintendent of the Dunkirk City Hospital. Grace Roddy, class of 1923, has been appointed office supervisor in the Memorial Hospital. Elmira.—St. Joseph's Hospital had its new wing dedicated on December 11, by Bishop Hickey, after which it was thrown open for inspection. Sister Rose Alice explained its many attractive features. The hospital can now accommodate 150 patients. On the same day, graduating exercises were held for a class of eight. New York City.—The New York Industrial Nurses' Club held a regular meeting on November 8, at the Smith College Club. The usual club dinner was followed by a business meeting, after which a most interesting talk was given by Mr. Heckhauser, Superintendent of the Altro Workshop, conducted by the United Hebrew Charities. He told about the work among the tubercular patients in this garment factory. Each patient is given a complete physical examination by the factory physician, who regulates the hours of work according to the physical condition. A nurse checks up on the condition of the patients and reports on all cases to the doctor. They are given a noonday meal at cost, and extra nourishment as ordered. There are stated rest periods during the day in an open-air sun parlor. All the garments are sterilized before being sent out. A talk was also given by Mrs. Springer of the publication staff of "Better Times." She told how this very interesting magazine came to be published. The Club meeting of December was omitted. The Alumnae Association of Roosevelt Hospital has elected the following officers: President, Maude E. Prouty; vice-president, L. Mary Prouse; recording secretary, Joyce McLean; corresponding secretary, Alice M. Hoyle; treasurer, Esther Reilly; treasurer Sick Nurses' Fund, Amy T. Sellado. The Alumnae Association of St. Mary's Free Hospital for Children held a meeting on November 29, at which the report of the delegate (Mary O. Smith) to the State meeting in Buffalo was given. St. Christopher's Guild of St. Mary's Free Hospital for Children will hold a bazaar the Saturday after Easter at the Plaza Hotel. Through the courtesy of the Guild, St. Mary's Alumnae will again have a table at the bazaar. St. Luke' Alumnae held their annual meeting on November 13, when the following officers were elected: President, Hilda Baker; vice-president, Mary Rust; treasurer, M. K. Smith; recording secretary, May Moyer; corresponding secretary, Maude Cutter. A report of the State meeting was given by Miss Rust. Jean Bain, class of 1903, is Supervisor of Nurses at St. Bartholomew's Hospital; Byrd McGavock, class of 1922, is instructor at the Hospital of the University of Virginia, Charlottesville. The Manhattan State Hospital School of Nursing held commencement exercises for a class of sixteen on December 18, in the Assembly Hall. The address was made by Dr. Esther Lovejoy, President International Women's Medical Association. The diplomas were presented by Dr. Robert Abrahams; the prizes by Mrs. Julia Kemp West. An interesting feature of the exercises was the presentation of caps to the successful members of the class of 1926. Rochester.—The Genesee Valley Nurses' Association met at the Nurses' Home of the Homeopathic Hospital on November 27, as guests of the Alumnae Association. Miss Bacon gave an interesting sketch of her trip abroad last summer, with suggestions for making such a trip. Dr. D. M. Mitchell gave an illustrated lecture on Pneumoperitoneum. The Florence Nightingale Post held a regular meeting on November 2 at the Nurses' Club House. Reports of the national convention were given by Helen Brady and Anna L. Miller. Mary L. Keith, Superintendent of the Rochester General Hospital, has tendered her resignation after a continuous service of twenty-two years. During the time, the hospital has grown from a daily average of 72 to 250 patients. For twelve years she held also the position of Principal of the School of Nursing. Miss Keith will remain until a successor is found; she will be greatly missed from hospital and nursing circles in the city and the state. Saranac Lake.—Katherine Amberson, class of 1919, Johns Hopkins Hospital, has been made Superintendent of Nurses, Trudeau Sanitarium. Saratoga Springs.—The Saratoga Hospital has just completed a

new wing devoted to maternity work. It is two stories high and has accommodation for 19 patients. The School for Nurses has a beautifully equipped demonstration room and class room, a medical library, a full time instructor, and a rapidly growing school. An attractive pediatric ward will soon be added. White Plains.—The Central School of Nursing of Westchester County is now finishing its first semester. The School includes the 30 probationers of five hospitals, Mount Vernon, New Rochelle, Port Chester, White Plains, and the Bloomingdale Hospital. There have been 185 hours of lecture and recitation work at The Educational Building on the grounds of Bloomingdale Hospital. The subjects covered have been Anatomy and Physiology, Drugs and Solutions, Personal Hygiene, Public Sanitation, History of Nursing, Massage, Bacteriology, Pathology and Psychology. Nursing Theory and Practice and all laboratory work has been taught at the home school.

North Carolina: Asheville.—District 1 made its November meeting a celebration of the twenty-first anniversary of the establishment of a home for tubercular patients by the President, Mildred Sherwood. The program was in charge of the Red Cross nurses. The early history of the Red Cross was given by a married enrolled nurse, Lelia S. Anderson; Mary R. Batterham told of the Nursing Service; and a Public Health Nurse, Maud Setzer, spoke of the work in her department. Fannie V. Andrews read What One Nurse Is Doing in the District; Edith Arthur, Secretary of the local Chapter sent a report of the Home Service, among the war veterans and their families. Charles Pratt, head of the Red Cross, at the U. S. Veterans' Hospital, Oteen, and the campaign director, gave a thrilling account of what had been done among the disabled men since the war. Mrs. Dunlop, who is leaving the city, spoke. A social hour followed. The members of the association obtained 164 members in the Red Cross campaign, and they are now busy selling 10,000 Christmas seals, for the tubercular work in the state. At the November meeting a very interesting address was given on the communicable diseases of childhood by Dr. H. H. Harrison, a baby specialist. Greensboro.—District 4 has elected the following officers: President, Flora Matthews; vice-presidents, Laura Clark, Flora McPherson; secretary, Cara Staton; treasurer, Ruth Wells. Mary L. Wyche, the guest of honor, gave an outline of the book she is writing, The History of Nursing in North Carolina, which will go to press in the spring. It will be a valuable addition to the history of the welfare work in the old North State.

Ohio: Cincinnati.—The Jewish Hospital Alumnae met on September 12 at Strauss Hall. After the transaction of business, the social hour was made a farewell to Mabel McCullough before her departure for Teachers College, New York. Miss McCullough was awarded the scholarship provided from the Scholarship Fund. The class of 1923 gave a card party recently which brought $100 to be used toward the 1924 scholarship. Winifred Culbertson has been appointed Superintendent of Dr. Mitheofer's new hospital. Minnie Trimble, class of 1915, has returned to the Jewish Hospital as Night Supervisor. Mansfield.—The Mansfield General Hospital held open house on November 11, when the two latest units were shown to the public. The new heating plant finished last spring, a substantial brick building, houses the boilers, water softeners, and laundry. The latter is equipped with electrically driven machinery. The Margaret Ritter Storrer Memorial Home just completed was made possible by the kindness of Mr. and Mrs. Charles Ritter, who have thus established in the community a lasting memorial to their daughter. The building has been so planned that its architecture is in harmony with that of the hospital. The Home contains large mahogany finished living rooms, a sun porch, kitchenette, laundry, and 37 individual rooms, including suites for the Superintendent and her assistant, and a special section for night nurses. The Building Committee assisted by Superintendent H. R. Trubkin and Superintendent of Nurses, Elizabeth J. Hatch, has spent long hours in selecting the furnishings and the result shows harmony in line and color. A wireless outfit is being presented by the doctors of the staff. Oberlin.—The Lorain County District Department of Health appointed in November, Ann Schuster and

Charity Sherod as Staff Nurses of the Health District. They are graduates of Elyria Memorial Hospital, 1921. They completed a postgraduate course at Maternity Hospital, Cleveland, in 1922. The Nursing Service of the Department of Health of Lorain County comprises schools, communicable disease and child welfare. It is under the direction of Ruth Paddock. Toledo.—Sr. Vincent's Hospital and Training School held a Silver Jubilee and Homecoming on November 6 which brought forth loyalty and school spirit. In the afternoon a short program was enjoyed and the nurses had an opportunity to exchange experiences. The address of welcome was given by Right Reverend Samuel A. Stritch, Bishop of Toledo, who expressed the hope that the Homecoming might be, in future, an established custom. In the banquet hall the nurses were served by their "Baby Sisters" (nurses in training). There were present 179 graduate nurses. Mrs. Mary Carnahan, class of 1896, Jubilee year, who with Frances Jacobs and Catherine Butler are still in active service, gave a short talk on the final realization of the ideals of earlier graduates in the construction of a nurses' home for graduates and students. Olive Williams, President of the alumnae, thanked Sister Perron for her seventeen years of tireless efforts in the Training School, her interest in which has never diminished. At the conclusion of the banquet, the nurses sang their Alma Mater composed by one of the members, Mrs. Grace Niles. The evening entertainment was held at St. Anthony's Orphanage. Zanesville.—Alumnae of the Good Samaritan Hospital were the guests of Madalen McCarthy at a dinner and card party given at her home on November 19.

Oklahoma: Oklahoma City.—Mrs. Clarence McC. Cash, formerly Marie Rhodes, received the distinguished service medal from Major C. Kirk, during a visit of Commander Ousley of the American Legion to the city, last May. Mrs. Cash served in France and in Serbia.

Oregon: Portland.—Harriet Kinton succeeds Edith Weaver on the staff of the Visiting Nurses' Association. Martha Randall has recently been appointed chairman of the Social Welfare Committee of the City Federation of Women's Clubs; and Helen S. Hartley, of the Public Health Committee.

Pennsylvania: Allentown.—Anna L. Stanley, director of school nurses for the state, was the speaker at a meeting of nurses in this vicinity, held recently, under the auspices of the Allentown Hospital Alumnae. The annual meeting of the District Association will be held in Reading, January 19. The Thanksgiving donation to the Allentown Hospital was $200. Philadelphia.—Graduates of the Woman's Hospital of Philadelphia held their first reunion since the granting of the Charter on March 22, 1861; it was held in the Assembly Hall of the Hospital on November 3, 1923. The hospital kept open house that afternoon so that those who had not been there for many years could go around and visit old haunts and see the various changes that had taken place. Tea was served in the Nurses' Home. In the evening a reception was followed by a banquet. One hundred and forty-two graduates were present at this and they had as their guests members of the Board of Managers and the Staff. Ganzonette K. Swank, class of 1902, the present Directress of Nurses, presided. Addresses were made by Mrs. George H. Earle, Jr., who has been Chairman of the Nurse Committee of the Board of Managers for 27 years, by Dr. Catherine Macfarlane, a member of the Staff, by Helen F. Greaney, class of 1883, by Mrs. Albert Entwisle, class of 1892, by the President of the Nurses' Alumnae Association, and by Mrs. Mary Harper Macfarlane, class of 1906. The addresses were interspersed with songs and tableaux given by the student nurses of the Training School. The tableaux, representing three periods of the History of Nursing; Sairy Gamp, Florence Nightingale, and the Red Cross, were very much enjoyed. A banner in the school colors, blue and gold, was given by Margaret F. Coe, class of 1898, and Captain Blanche S. Ruben, class of 1909. The presentation was made by Mrs. George H. Earle, Jr., to the eldest student nurse, who accepted it in the name of the Training School. The eldest graduate who was able to be present was Clara Hausman, class of 1879. It was the first time that many of the nurses had met since they had left the Training School as young graduates, and as

they were seated at the tables according to classes, there was a great going over of old times and renewing of old friendships. Everybody was so happy and had such a good time that many of them wanted to know if it could not be an annual affair, but it was decided to hold the next in 1925, and after that every five years. The regular meeting of the Nurses' Alumnae Association of the Samaritan Hospital was held October 30. The meeting was largely attended. The most important topic was the Bazaar to be held December 6-8 in the Nurses' Home. Eleven names were dropped from roll; two members were reinstated. Committees for the new year were appointed. The play, "Erstwhile Susan," given by the Wakefield Players, November 9, was a huge success; the house was crowded. At the meeting held November 27, the Endowment Committee reported that the profits from the play, to date, were over $300. Blanche Kline, class of 1915, who has been Directress of a hospital in India, gave a very instructive and interesting talk upon her work, making a strong plea for volunteers. Della Bergen gave a very interesting report of the State convention. St. Luke's Hospital Alumnae held a meeting recently, at the close of which the President, Mrs. Hood, formerly Miss Zeigler, was given a miscellaneous shower. She was married in September. Jane Lamparter gave an interesting report of the State meeting to which she was a delegate. Pittsburgh.—The Nurses' Alumnae Association of the Allegheny General Hospital held its annual meeting at the hospital, December 4. Mrs. Anne Kuhn McKittrick, a former Assistant Superintendent of the Training School was elected an Honorary Member in appreciation of her untiring interest in the welfare of the Association. The following officers were elected to serve for the next year: President, Emma Scheidemann; vice-president, Elizabeth C. McMichael; recording secretary, Catherine Flynn; corresponding secretary, Nellie McKay; treasurer, Maude Bergner; director, Jessie R. Gibson. Hazel Ewing, class of 1922, sailed from New York, November 30, to serve four years as a missionary in Abyssinia. York.—The York Hospital Training School held graduating exercises for a class of three on November 12 at the Trinity First Reformed Church. Addresses were given by Hon. A. B. Farquhar, Walter J. Hegen, D.D., and Julius H. Comroe, M.D. The class was presented by the Directress of Nurses, Sara M. Spencer. The diplomas and pins were given by George H. Whitely. The medal for highest honors was awarded to Amelia K. Hancock. A reception followed at the Nurses' Home.

Rhode Island: Newport.—Elizabeth Robinson Scovil was a guest of the Newport Hospital in October. Miss Scovil was Superintendent of Nurses, 1888-1894. She spoke of the early days of the school and of the changes that have come. The alumnae were honored and delighted to have her with them and the pleasure was shared by their guest. Edith Lindquist, class of 1914, Chief Nurse at the Naval Hospital, Yokohama, had a narrow escape when the earthquake came. She was the only person on the second floor of the hospital to escape. With one other nurse and two Corps men she did relief work, taking 500 refugees to Kobe. Pawtucket.—The Memorial Hospital Alumnae held a successful dance at the Plantation Club, November 20, as a result of which a substantial sum was added to the endowed bed fund. Providence.—St. Joseph's Hospital Alumnae held their quarterly meeting on October 30, after which they were entertained by the students at a Hallowe'en party. Mrs. William A. Heath was a delegate to the 37th annual meeting of the Guild of St. Barnabas in Cleveland, November 8 and 9. On the evening that Bishop Vinson preached the Guild sermon, 350 student nurses in uniform marched, singing, into Trinity Cathedral.

Tennessee: The Tennessee State Nurses' Association held its eighteenth annual convention, October 8 and 9, in Chattanooga, with headquarters at the Patten Hotel. On the afternoon preceding the opening session, a business meeting of the Directors was held at Pine Breeze Sanitarium. The Directors were the guests of Miss N. Pierce, the Chairman of Committee on National Relief. The work of the preceding year was reported and discussed. Following the meeting supper was served by the Sanitarium officials.

Monday morning at ten o'clock the first meeting of the session was opened by Miss Plewes, the president of the local society. After the invocation and an address of welcome containing a greeting from the Mayor, the president of the State Association took the chair. The presidents' and secretaries' reports showed decided progress in development of State Association, also the reports of the District presidents which followed. Several new alumnae associations have been formed in the state, and great advancement in district and county nursing. Following these reports the theme of the entire convention centered in Service. Public Health work was described by Abbie Roberts of Peabody College, the nursing service of Private Duty and general nursing to the patient and to the doctor was noted in Mrs. Bogart's excellent paper on the subject, Does the Nurse Derive More From Her Profession Than She Puts Into It? and the same thought ran through Miss Chase's talk on Tennessee's Program for Maternity and Child Welfare, the following day. On Tuesday afternoon the following officers and chairmen of committees were elected: President, Mrs. George Blair, Knoxville; vice-presidents, Mrs. Ferree, Chattanooga, Mrs. Mary Sproul, Nashville; secretary, Daisy Sample, Memphis; treasurer, Mrs. Mary Hathcock, Knoxville. Committees: Ways and Means, Abbie Roberts, Peabody College, Nashville; Publicity, Grace Bonnell, Knoxville; National Relief, Mrs. Bess Beall, Chattanooga; Nominating, Mrs. Martha Bounds, Memphis; Revision, Essie Rust, Nashville; Arrangements, Sarah Woodward, Memphis. During the entire time, the convention was royally entertained by Chattanooga with luncheon, dinner and theater parties, and a beautiful automobile ride.

Texas: Fort Worth.—Josephine McLeod, class of 1911, Johns Hopkins Hospital, is Superintendent of Nurses at the Baptist Hospital.

Washington: Seattle.—The King County Association held a meeting on November 5, when the members heard an address on Insulin by Dr. Hofrichter. The Seattle General Hospital Alumnae had a Christmas party on December 18. Tacoma. —Elizabeth Hollenbeck, who formerly did public health nursing in this state, after a visit to this country for rest, sailed in December for Constantinople to take charge of the nurses' training school in the American Hospital. Miss Hollenbeck served overseas during the war, and for the past two years has been working under the Near East Relief in Russian Armenia and Greece.

West Virginia: Charleston.—The Alumnae Association of the Charleston General Hospital held a meeting on September 19, when the following officers were elected: President, Anna McGee; vice-president, Leila Lewis; secretary and treasurer, Lillian Hamrick. An address was given by Mrs. Harriet Camp Lounsbery, after which a luncheon was served. A new hospital building is under construction. On October 31, a class of four nurses was graduated from the McMillan Training School. Addresses were made by Mr. Allebaugh, R. H. Merrill, D.D., and Dr. Hunter. An unusual and delightful feature of the exercises was the presentation of a silver loving cup to Mary E. Reid from the physicians of Charleston in recognition of her twenty-five years of service to humanity as first superintendent of the Charleston General Hospital and of this school, and later as registrar of the Central Directory. The cup was presented by Dr. G. C. Schoolfield. Dr. Hunter's address was a summary of Miss Reid's work. The large audience showed its enthusiasm and appreciation of the tribute paid Miss Reid.

Wisconsin: The next Wisconsin State Board examination for registration of nurses will be held at the City Hall, Milwaukee, on January 8, 9 and 10, 1924. Application should be made immediately to the Wisconsin State Board of Health, Bureau of Nursing Education, Madison, Wisconsin. Adda Eldredge, Director, Bureau of Nursing Education. The First District held its regular meeting at St. Luke's Hospital, Racine, November 26. An interesting report from the state convention was given by Amy Fisher and a talk on Immunity against diptheria by Health Officer, Dr. W. W. Bauer. During the year the association has more than doubled its membership. $20 was sent to the Nurses' Relief Fund. A Public Health Section is to be organized in the District, also a district League of Nursing Education. The Second District has held four meetings since its

organization last January. The sessions have been well attended and the association has grown to almost 100 per cent membership in the district. At the March meeting, Adda Eldredge spoke of the work of the American Nurses' Association. Her talk has done much to stimulate active membership in the district. During the year contributions have been sent to the Nurses' Relief Fund and the Jane Delano Fund. The November meeting was held at the Mercy Hospital, Janesville. Three-fourths of the members responded to roll call. Miss Golden gave a delightful report of the exhibits and proceedings of the American Hospital Association held in Milwaukee in October. Levina Dietrichson gave the report of the State meeting. The death of Sister Vincent is keenly felt by the District. The Beloit Hospital Alumnae Association has given a check of $13 to the association. This money is to be placed as a philanthropic fund to be used at the discretion of the officers. Following the meeting a delightful social hour was enjoyed. THE SIXTH DISTRICT held its November meeting at Oshkosh. Mrs. E. F. Nelson gave the report of the State meeting which was very much enjoyed. Miss Stewart, Superintendent of the Theda Clark Memorial Hospital, reported from the American Hospital Association meeting. Ellis Walker has resigned her position in Fon du Lac and is now chief of the nursing staff of the Kalamazoo Visiting Nurses. Miss Walker was always the inspiration of every meeting and the District will miss her in many ways. The Eighth District held its November meeting at Wisconsin Rapids. Twenty-four members were present, from six counties. A noon luncheon was served in the Methodist Church. Aimee Zilmer, State health worker, outlined the work she is doing among the girls of the State. Reports of the State meeting were given by Mollie Smith and Ione LaVake. A most interesting paper on The Duty of the Hospital to the Training School and to the Patient, written by Miss Meyer, City and County nurse of St. Paul was read. The association subscribed its quota to the Louvaine Library Fund, also voted $20 to the Legislative Fund. The program closed with a reading. The Fourth and Fifth District held its regular monthly meeting at the Wisconsin Nurses' Club, Milwaukee, November 13. Rose Newman of the faculty of the Mount Sinai School for Nurses gave a paper on Student Nurses' Recreation. Evelyne Johnston, executive secretary of the local Red Cross Chapter, talked on the post-war work and urged the nurses to coöperate in the coming roll call. The association has asked each member to contribute ten cents to the Louvaine Library Restoration. Refreshments were served by the Alumnae of Mount Sinai School for Nurses. The Private Duty Section of the District met at the Club House, November 6. Dr. Ira Thompson of the Milwaukee Health Department spoke on Contagious Diseases. THE WISCONSIN NURSES' CLUB held a very successful white elephant rummage sale, clearing about $6,500. One hundred and fifty leading women of the city gave their coöperation to the project, and the officers of the club are urged to make plans for another sale next year; the proceeds will be used to pay off the mortgage for improvements on the new club house. A talk on Investments was given by Sybil Barney before the members of the Club at their regular monthly meeting, November 16. Charlotte Pfeiffer, for four years superintendent of nurses of the Deaconess Hospital, Milwaukee, has accepted the superintendency of the Stuart Circle Hospital, Richmond, Virginia. Elizabeth LaVerne, graduate of the Frances Willard Hospital, Chicago, former superintendent of nurses at Lake City Hospital, Minnesota, has accepted a similar position with the Hanover Hospital, Milwaukee. Elizabeth Calender, formerly superintendent of the Bradford Hospital, Pennsylvania, has been appointed superintendent of the Emergency Hospital, Milwaukee. St. Joseph's Hospital Alumnae Association held its regular meeting at the hospital, November 23. Nellie VanKooy, delegate to the LaCrosse meeting, gave her report. Miss McCarthy, a Senior pupil nurse was invited to read her paper and took as her subject, "What I Have Read in the *American Journal of Nursing*. The Milwaukee League of Nursing Education met at Mount Sinai Hospital in November, when Adda Eldredge spoke on Training School Records. Open house was kept for the delegates to the American Hospital Association, and the Ladies' Auxiliary

served luncheon. The preliminary students gave a party to all preliminary students of the Central School for Nurses, November 30. The Alumnae Association recently held a benefit theater party to raise funds for the organization. MILWAUKEE HOSPITAL ALUMNAE held a regular meeting, November 22. The association voted to furnish one of the living rooms of the new nurses' home. A social time followed the business. The first unit of the new nurses' home of the Milwaukee Hospital is under construction. This portion of the home will accommodate sixty nurses and consists chiefly of private rooms. Each room is in direct telephone communication with the office. Some of the special features are a large living room, reception room, library, and office, on the first floor, with smaller sitting rooms on each floor, a large gymnasium, several class rooms, and a diet kitchen on the ground floor. Milwaukee County Hospital Alumnae held its regular meeting, November 20. Mrs. Gorski, delegate to the State convention gave a report of the meeting. Miss Jacobs, class of 1921, has recently returned from Oregon, where she was employed for the last two years. MARQUETTE UNIVERSITY TRAINING SCHOOL FOR NURSES was represented by forty-five student nurses at the recent Homecoming parade. Some of the nurses also acted upon the Reception Committee. The student nurses form approximately one-fifth of the "Co-eds" registered.

Wyoming: Cheyenne.—THE MEMORIAL HOSPITAL OF LARAMIE COUNTY was built as a memorial to General Pershing's wife, $25,000 having been given by Senator Warren, her father, and $50,000 by another prominent citizen of the State. Helena Clearwater is Superintendent, and Katheryn Matthews is Principal of the School of Nursing. Both are graduates of the Army School of Nursing. The hospital stands on the site of the former St. John's Hospital.

BIRTHS

To Mrs. Rudolph Ahmann (Bertha Ahmann, class of 1918, St. John's Hospital, Red Wing, Minn.), a son, Robert Bruce, November 5.

To Mrs. Geo. A. Twiss (Celia Baker, class of 1918, House of the Good Samaritan, Watertown, N. Y.), a daughter, Regina Marline, October 1.

To Mrs. Merle Campbell (Marjory Belt, class of 1916, Good Samaritan Hospital, Portland, Ore.), a son, November 9.

To Mrs. Girald Bishop (Laura Blossom, class of 1919, Good Samaritan Hospital, Portland, Ore.), a daughter, October 21.

To Mrs. Albert Royer (Mabel A. Bock, class of 1921, Dixmont Hospital, Dixmont, Pa.), a daughter, Elizabeth Ann, September 29.

To Mrs. Howard Garvin (Mildred Loretta Fitzgerald, class of 1921, St. Joseph's School of Nursing, Ashland, Wis.), a daughter, Waunita May, October 29.

To Mrs. Harold Ingram (Alice Graichen, class of 1921, Lawrence General Hospital, Lawrence, Mass.), a daughter, in November.

To Mrs. W. L. Sanders (Alice Hillman, class of 1921, Johns Hopkins Hospital, Baltimore), a son, William Thomas, August 2.

To Mrs. George Schmidt (Alice Johnson, class of 1921, Women's Hospital, Saginaw, Mich.), a son, Jack Hamilton, September 13.

To Mrs. Victor Brouk (Viola Kerr, class of 1922, University of Michigan Hospital, Ann Arbor), a daughter, September 17.

To Mrs. Joseph Lintz (St. Luke's Hospital, New York City), a son, Worth Boyd, October 13.

To Mrs. Herbert J. McAlister (Miss Lochlo, class of 1915, Altoona Hospital, Altoona, Pa.), a daughter, Elizabeth Katherine, October 22.

To Mrs. B. Earl Phelps (Pearl Ludwick, class of 1915, Bradford Hospital, Bradford, Pa.), a daughter, Dorothy Grace, September 25.

To Mrs. Bradley Coley (Phyllis McDonnell, class of 1920, St. Luke's Hospital, New York City), a son, William Bradley, 2nd, September 21.

To Mrs. John J. Connelly (Catherine A. McGowan, class of 1918, Fall River General Hospital, Fall River, Mass.), a daughter, Eileen Elizabeth, November 21.

To Mrs. Bernard T. Topham (Agnes McMillan, class of 1913, St. Mary's Hospital, Saginaw, Mich.), a son, William Hugh, in September.

To Mrs. Furey (Helen McMillen, class of 1921, St. Luke's Hospital, New York City), a son, Joseph George, October 20.

To Mrs. John Geiser (Winifred Malone, class of 1921, Mercy Hospital, Hamilton, Ohio), a son, John Geiser, Jr., November 23.

To Mrs. Eugene Floyd (Eleanor Melton, class of 1922, Pensacola Hospital, Pensacola, Fla.), a son, Eugene, Jr., November 4.

To Mrs. Pope (Agnes Merriney, class of 1917 Mercy Hospital, Wilkes-Barre, Pa.), a son, November 8.

To Mrs. Jady Judy (Deborah Neilson, class of 1916, Bridgeport Hospital, Bridgeport, Conn.), a daughter, November 22.

Mrs. Frank Kralicek (Susie Rockham, class of 1918, Columbus Hospital, Great Falls, Mont.), a daughter, September 22.

To Mrs. Harry Tuhky (Augusta Schaffitz, class of 1919, Mt. Sinai Hospital, Philadelphia), a son, December 6.

To Mrs. H. Sloane (Edith Schaffitz, class of 1918, Mt. Sinai Hospital, Philadelphia), a daughter, November 15.

To Mrs. Clay Fisher (Mabel L. Sharp, class of 1916, Christ Hospital, Cincinnati, O.), a daughter, Martha LeOra, November 20.

To Mrs. David J. Torrance (Martha Shaur, class of 1917, Johns Hopkins Hospital, Baltimore), a son, Jonathan Bacon, October 11.

To Mrs. F. V. Myers (Eunice Shuleen, Mounds Park Hospital, St. Paul, Minn.), a daughter, September 20.

To Mrs. Clarence Kendall (Miss Sloane, class of 1917, St. Joachim Hospital, Watertown, N. Y.), a son, Frederick F., September.

To Mrs. Walder Ashworth (Marion Smith, class of 1920, Lawrence General Hospital, Lawrence, Mass.), a son, in November.

To Mrs. Eugene Bissett (Maud Walsh, class of 1920, Long Island College Hospital, Brooklyn, N. Y.), a son, November 23.

To Mrs. T. S. Bean (Adda Walters, class of 1917, Allegheny General Hospital, Pittsburgh), a daughter, December 8.

To Mrs. S. J. Seckelman (Anna Wharton, class of 1910, Jewish Hospital, Philadelphia), a son, October 6.

To Mrs. George Bamber (Addie White, class of 1919, Mercy Hospital, Denver, Colo.), a daughter, Margie Jane, November 19.

To Mrs. Edmund Anthony (Anne Wideburg, class of 1916, St. Luke's Hospital, New York City), a daughter, Elizabeth, in October.

To Mrs. William A. Radke (Lucille Winsted, class of 1919, Presbyterian Hospital, Philadelphia), a daughter, Jocelyn, November 2.

To Mrs. A. G. Athens (Rachel Yost, class of 1922, Johns Hopkins Hospital, Baltimore), a son, John William, October 2.

To Mrs. Manton Vasland (Terra H. Young, class of 1921, St. John's Hospital, Red Wing, Minn.), a daughter, Lois Delight, November 21.

MARRIAGES

Edith Ahern (class of 1921, City Hospital, Little Rock, Ark.), to Grady Hopkins, December 5. At home, Little Rock.

Doris Talbot Allen (class of 1918, Truesdale Hospital, Fall River, Mass.), to Robert Brayton Beales, December 2. At home, Acushnet, Mass.

Sara Anderson (class of 1922, Hahnemann Hospital, Philadelphia), to John H. Whitehurst, October 10. At home, Baltimore, Md.

Charlotte Armstrong (class of 1922, Newport Hospital, Newport, R. I.), to William Chapel, in September.

Augusta J. Bierman (class of 1922, Johns Hopkins Hospital, Baltimore), to Roger M. Barbour, September 6. At home, Chicago, Ill.

Agnes Birmingham (class of 1919, St. Francis Hospital, Hartford, Conn.), to Theodore Landgris, October 7.

Marie Bothman (class of 1906, St. John's Hospital, Red Wing, Minn.), to Bernie Johnson, November 24. At home, Vasa.

Celine Brudeseth (class of 1922, St. John's Hospital, Red Wing, Minn.), to H. C. Bryan, November 27. At home, Burside.

Lida Butler (class of 1895, Lenox Hill Hospital, New York City), to John Watson, December 6. At home, Kildare, N. Y.

Anna Teresa Byrne (class of 1908, St. Francis Hospital, Hartford, Conn.), to Judge Leo Thomas Molloy, November 22.

Helen Gerard Coughlin (class of 1918, Long Island College Hospital, Brooklyn,

N. Y.), to John Francis Martin, November 12.

Isabelle Cowan (class of 1918, Frederick Ferris Thompson Hospital, Canandaigua, N. Y.), to George Schreck, October 2.

Eva Mae Denton (class of 1923, Highsmith Hospital, Fayetteville, N. C.), to William F. Douglass, November 1. At home, Olivia.

Elsie Dickson (class of 1920, Grace Hospital, Detroit, Mich.), to J. E. White, November 27. At home, St. Louis, Mo.

Rebeca Dodd (Massachusetts Homeopathic Hospital, Boston), to Nelson Liden, October 20.

Esther Elfstrand (class of 1922, Bethesda Hospital, St. Paul, Minn.), to Lawrence Anderson, November 24. At home, Bismarck, N. D.

Lillian Epping (class of 1923, Emanuel Hospital, Portland, Ore.), to Wesley M. Miller, November 15. At home, Portland.

Tilda O. Fangerud (class of 1919, Wright Hospital, Fergus Falls, Minn.), to Ross Foster, November 20.

Florence Fenaroff (class of 1918, Mt. Sinai Hospital, Philadelphia), to Nathan Reidman, November 29. At home, Philadelphia.

Helen M. Francis (class of 1918, Johns Hopkins Hospital, Baltimore), to Charles B. Randall, September 22. At home, Northwood, Royal Oak, Mich.

Olive Gulliher (class of 1921, St. Vincent's Hospital, Portland, Ore.), to Arthur McLaughlin, November 29.

Katheryn C. Galvin (class of 1920, St. Francis Hospital, Hartford, Conn.), to John J. O'Brien, November 27.

Loretta Gannon (class of 1918, Mountainside Hospital, Montclair, N. J.), to Joseph Hauser, in November. At home, Montclair.

Gladys Green (class of 1919, St. Vincent's Hospital, Portland, Ore.), to Thomas Scott, in September. At home, Detroit, Mich.

Patrice Hannigan (class of 1921, Massachusetts Homeopathic Hospital, Boston), to Herman F. Pulver, October 11. At home, Allston, Mass.

Anne Hayman (class of 1911, Lankenau Hospital, Philadelphia), to Spencer William Stovell, November 21. At home, Los Angeles, Calif.

Mabel Hennesy (class of 1918, Hahnemann Hospital, Philadelphia), to William B. Robey, November 3. At home, Canton, Ohio.

Ethel B. Hinds (class of 1914, Toledo Hospital, Toledo, O.), to J. C. Brown, September 21. At home, Steubenville, O.

Grace M. Hogg (class of 1912, St. Mary's Free Hospital for Children, New York), to Arthur Earle Higgins, October 13.

Ebba K. Holm (class of 1919, Mountainside Hospital, Montclair, N. J.), to Theodore Johnson, October 8. At home, East Orange.

Marion Holt (class of 1920, Bellevue Hospital, New York), to Clifford J. Brunton, September 1.

Janet Gaddis Johnson (class of 1923, Lenox Hill Hospital, New York City), to Frederick Sommers, November 23. At home, Brooklyn, N. Y.

Mabel Maria Karlson (class of 1921, City Hospital, Worcester, Mass.), to Philip S. Holmes, October 6. At home, Gardner, Mass.

Edith E. Kay (class of 1923, Memorial Hospital, Pawtucket, R. I.), to Thomas Eastwood, December 8.

Gertrude E. Knecht (class of 1919, St. Luke's Hospital, Jacksonville, Fla.), to Mr. Maher, October 19. At home, Vero.

Clara Koch (class of 1911, Lenox Hill Hospital, New York City), to Ernest William Brown, November 22.

Rose Koenig (class of 1918, Mercy Hospital, Hamilton, Ohio), to Paul J. O'Connell, November 21. At home, Paris, Ky.

Hedwig Kratchmer (class of 1922, Lenox Hill Hospital, New York City), to William Tyaak, September 15.

Lillian Lowndes to John P. Carleton, October 31. At home, Seattle, Wash.

Bertha C. Lux (class of 1919, St. Mary's Hospital, Philadelphia), to Robert Balke, October 16.

Ethel McCullough (class of 1922, St. Luke's Hospital, Marquette, Mich.), to Victor Nelson, December 5.

Gertrude P. McFarland (class of 1923, Homeopathic State Hospital, Allentown, Pa.), to Charles Wilbur Leiper, December 3. At home, Tyrone.

Hazel McGoldrick (class of 1919, Bridgeport Hospital, Bridgeport, Conn.), to William Feidel, in November.

Augusta Agnes McGovern (class of

1918, St. Mary's Hospital, Saginaw, Mich.), to John Oliver, November 29. At home, Lapeer.

Alice McKenna (class of 1919, St. Mary's Hospital, Saginaw, Mich.), to Lawrence Bannon, November 14.

Anna E. McLaughlin (class of 1920, St. Francis Hospital, Hartford, Conn.), to William Tetro, September 22.

Hazel Marshall (class of 1918, St. Mary's Hospital, Saginaw, Mich.), to John Howard, in November.

Lydia Theresa Mosher (class of 1909, Prospect Heights Hospital, Brooklyn, N. Y.), to Villar H. King, November 17.

Rosa Maurer (class of 1919, Lutheran Hospital, Sioux City, Ia.), to Arthur Ritter, November 5. At home, El Paso, Texas.

Isabel C. Moody (class of 1916, Cochran Training School, Yonkers, N. Y.), to Kenneth Briggs Church, October 6.

Dorothea Noll (class of 1915, Hahnemann Hospital, Philadelphia), to Oliver Gable Berks, November 28. At home, Swedesboro, N. J.

Lillian Olds (class of 1921, St. Luke's Hospital, Marquette, Mich.), to John Liberty, November 3.

Juliette M. Omohundro (class of 1922, Johns Hopkins Hospital, Baltimore), to Franklin P. Johnson, M.D., September 4.

Catherine E. Owen (class of 1923, St. Vincent's Hospital, Jacksonville, Fla.), to Richard Gordon Cooper, October 17. At home, Jacksonville.

Laura May Parker (class of 1916, Eleanor Moore Hospital, Boone, Ia.), to Ross Harold Ashmore, November 10.

Anne Cecelia Petersen (class of 1920, New Samaritan Hospital, Sioux City, Iowa), to John Carlson, November 11.

Esther Petersen (class of 1922, St. Luke's Hospital, Marquette, Mich.), to Newell N. Card, September 4.

Anna Hart Rogers (Mt. Sinai Hospital, New York City), to Capt. Charles Henry Nutting, November 20. At home, De Land, Fla.

Edna Rogers (class of 1918, St. Louis City Hospital, to Bertram Swinehart, M.D., November 3, 1923. At home, Aberdeen, Wash.

Edna M. Rupp (class of 1920, Presbyterian Hospital, Philadelphia), to William S. Donahey, October 6. At home, Harrisburg, Pa.

Tyldesley Lander Sands (class of 1912, Christ Hospital, Jersey City N. J.), to Preston P. Taylor, November 22. At home, Norfolk, Va.

Julia M. Schaedel (class of 1918, Johns Hopkins Hospital, Baltimore), to Clyde B. Kendall, September 1.

Mary Elizabeth Seeman (class of 1920, Lankenau Hospital, Philadelphia), to George Homer Bloom, M.D., November 28. At home, Phillipsburg, N. J.

Maia D. Sherman (class of 1922, St. Joseph's Hospital, Kansas City, Mo.), to Chris F. Ruge, October 24. At home, Long Beach, Calif.

Alice E. Stearns (class of 1922, Johns Hopkins Hospital, Baltimore), to Ira Luther Houghton, M.D., September 4.

Marie J. Steele (class of 1914, St. Luke's Hospital, New York City), to C. Carl Wallin, in September. At home, New York City.

Ruth Summersby (class of 1918, Lawrence General Hospital, Lawrence, Mass.), to Robert Amherst Macartney, October 28.

Burith Trax (class of 1913, Johns Hopkins Hospital, Baltimore), to Harry C. Hoffman, September 9.

Lorna Walker (class of 1921, Frederick Ferris Thompson Hospital, Canandaigua, N. Y.), to George Unstadht, October 13.

Mary Rose Walsh (class of 1921, St. Elizabeth's Hospital, Youngstown, Ohio), to Arthur T. Leonard, November 27. At home, Youngstown.

Florence Warner (class of 1921, Johns Hopkins Hospital, Baltimore), to Frank L. Graham, September 7.

Marion Wheelock (class of 1917, Massachusetts Homeopathic Hospital, Boston, Mass.), to Lloyd Stickney, October 6. At home, West Medway.

Emma Wood (class of 1910, Johns Hopkins Hospital, Baltimore), to Stephen Eugene Lowe, in Athens, Greece, September 3.

Elizabeth M. Wright (American Red Cross), to Robert C. Round, October 27, at Santo Domingo City, Dominican Republic.

DEATHS

Berna Andersen (class of 1919, Mounds Park Hospital, St. Paul, Minn.), on September 4, at Nopeming Sanitarium.

Elizabeth Becker (class of 1884, Bellevue Hospital, New York), on October 15, in the hospital, after a serious illness lasting several months.

Mrs. James Barton (Mary Bell, class of 1916, Lawrence General Hospital, Lawrence, Mass.), at the Hospital, November 16, after a short illness. At the time of her enlistment for overseas service in 1918, she was in charge of the Operating Department of the Lawrence General Hospital; she served faithfully with the Boston City Hospital Unit No. 7 in France. On her return to America she organized the public health service for the Red Cross at Claremont, New Hampshire, and later did district work in Boston and East Boston for a year. At the time of her marriage, October 30, 1922, to James Barton, an overseas veteran, she was an instructor in the Boston District Nurses' Association. She was a member of the American Legion and of the Lawrence General Hospital Nurses' Alumnae Association. Of sunny and willing disposition, a busy worker, she is greatly missed by all who knew her. With full military honors she was buried at North Andover, Mass., the town of her birth.

Margaret A. Brannen (class of 1916, Christian H. Buhl Hospital, Sharon, Pa.), at her home, after an illness of three weeks. Miss Brannen was an excellent nurse, loved by all who came in contact with her. She is mourned by her family and many friends.

Ester Carmel (St. Joseph's Hospital, Providence, R. I.), on November 5, of pneumonia, after a brief illness.

Violet E. Davy (class of 1901, St. Vincent's Hospital, Portland, Ore.), on December 3, at Portland.

Ella Virginia Fox (class of 1906, Jewish Hospital, Philadelphia), on July 30, at her home, Pebble Hill, Doylestown, Pa., after a long illness. Miss Fox served at Nitro, West Virginia, during the World War. She was a noble woman, and a good nurse. Her loss to the profession will be hard to fill.

Helen Green (class of 1916, Bethesda Hospital, St. Paul, Minn.), November 27, at Alexandria, Minn. Military burial was held in Nelson, Minn.

Mrs. M. A. Hartnett (class of 1906, Rebekah Hospital, St. Louis, Mo.), at St. Anthony's Hospital, St. Louis, on August 11. Mrs. Hartnett was an efficient nurse, loyal to her profession. She will be greatly missed by her many friends and associates.

Bertha Israel (class of 1913, Mission Hospital, Asheville, N. C.), on December 4, following a serious operation from which she did not recuperate. Miss Israel was a lovely Christian character. She was for a number of years, surgical nurse to Dr. Pritchard, of the French Broad Hospital. The lingering illness of a sister, to whom she gave constant care, undermined her health. Burial was near the beautiful little church of which she was a lifelong member,—a faithful little woman gone to her just reward.

Mrs. Angelica Kranz Jaeger, at the Tacoma General Hospital, Tacoma, Wash., on November 26, of acute peritonitis and dilatation of the heart, after a major operation. Mrs. Kranz Jaeger was from Michigan but had belonged to the Graduate Nurses' Association of Tacoma for many years. She has been a private duty nurse, a school nurse, and anesthetist at Tacoma General Hospital. She was married on September 26.

Mrs. Lydia Lunt Jarelemon (Massachusetts Homeopathic Hospital, Boston,) in June, after a long illness, at her home in Newark, N. J.

Janet R. Jarvie (Buffalo General Hospital) on October 10, at Saranac Lake, N. Y., of pulmonary tuberculosis contracted in service during the World War. She was in charge of the operating room of the Buffalo General Hospital when she volunteered for service, serving first at Camp Lee, Virginia, and later at Base Hospital 105, Kerhuon, France. She was a patient first at Oteen and later at Saranac Lake, where through a four years' struggle for health, she showed a spirit as indomitable as that of any soldier on the field, and proved an example of courage and patience to many. She was a member of the Buffalo General Hospital Alumnae, The American Red Cross, The Jackson A. Matthew Post of the American Legion and the Disabled American Veterans of the World War.

A brief service was held in Saranac Lake after which the body was taken to her home in Pennsylvania for burial. The casket was draped with the American flag.

Mrs. Charles Anderson, (Gertrude Karlsen, class of 1915, Mounds Park Hospital, St. Paul, Minn.), on September 16.

Nancy F. Keen (class of 1909, Johns Hopkins Hospital, Baltimore,), on August 10, at Danville, Va. Miss Keen was instantly killed, at a railroad crossing near her home, when the Public Health machine which she was driving, was struck by a fast express train. Her untimely death, which occurred during the performance of duty, is an inestimable loss to those to whom she endeared herself by her noble and lovable qualities.

Cecilia Margaret Kelly (class of 1922, St. Joseph's School of Nursing, Ashland, Wis.), on November 19, after several months' illness due to heart disease.

Violet Mildred Naylor, (class of 1911, Johns Hopkins Hospital, Baltimore), on June 19, in Toronto, Canada, after a lingering illness borne with great fortitude. Miss Naylor held, for several years, the position of Head Nurse of the gynecological operating room at Johns Hopkins Hospital. When she resigned to accept a position on the staff of the Barnes Hospital, St. Louis, her loss was keenly felt by the nurses and surgeons with whom she worked. Three years later she accepted a position in the New Haven Hospital, which she filled with her usual efficiency. Last summer she went to Canada to reorganize the work of the training school at the Homewood Sanitarium in Guelph, which work she had just begun when her illness developed.

Margaret Saunders (class of 1921, Johns Hopkins Hospital, Baltimore,), on July 23, suddenly, at her home in Chattanooga, Tenn.

Mrs. Rose Solis (Miss St. Clair, class of 1919, Grace Hospital, Detroit, Mich.), in September.

Marion Utes (class of 1905, City Hospital, Blackwell's Island, N. Y.), at her home in Winnsboro, in June, of heart disease. Miss Utes was a woman of unusual height and commanding appearance, a personality so striking one could never forget her. While much of her professional life was spent outside of her native state, she was a charter member of the South Carolina Graduate Nurses' Association and took an active interest in all nursing affairs. She was Superintendent of Nurses, Roper Hospital, Charleston, S. C., 1908-1909; Superintendent of Nurses, Roanoke Hospital, Roanoke, Va., 1910-1911; Superintendent of Nurses, Anderson County Hospital, Anderson, S. C., 1914. While on duty at the Anderson Hospital, the building caught fire, and but for the presence of mind and heroic action of Miss Utes, the lives of some of her patients would have been lost. The stairway and exit of the second floor having been cut off by flames, Miss Utes by placing a ladder against a second story window brought each patient safely to the ground in her arms. Besides private duty nursing in Columbia, S. C., Miss Utes was for several years a school nurse. Being an enrolled Red Cross Nurse, she was in Marine Hospital service, New Orleans, 1921-1922. At the time of her death Miss Utes was working at the Willard Parker Hospital, New York, and was stricken while on a visit to her family in Winnsboro.

"The way had seemed long to come; it was short to look back upon. The golden gates were almost reached; the everlasting doors were open."

Juliana Horatia Ewing

BOOK REVIEWS

CHEMISTRY FOR NURSES. By Fredus N. Peters, A.M., Ph.D. Second Edition. 302 pages. 40 illustrations. C. V. Mosby Co., St. Louis, Mo. Price, $2.50.

The present volume is a revised edition which has "enabled the author to make a number of corrections throughout the text which were overlooked in the first edition." Quoting from the preface, we find that the author begins "with the most familiar substances of life and leads up to those not so well known. The author has aimed at all times to avoid the technical; chemical theory has been introduced when such would add greatly to the understanding of the phenomena at hand; at other times it has been omitted." The first few chapters following the Introduction are, "Water and Its Composition," "Hydrogen," "The Atmosphere," "Oxygen," "Ozone and Hydrogen Dioxide," "Common Salt and Sodium," "Chlorine and Halogen Family," "Gas and Some Gas Laws," "Symbols and Formulas," "Oxides, Acids, Bases and Salts," "Ammonia and Nitric Acid," "Valence," and then follow chapters on a number of other elements and their compounds. It would seem that there could have been a more logical sequence of subjects.

There is a helpful outline at the beginning of each chapter and at the end, a series of review questions. The chapters are written in an interesting manner and the material is accurate but the applications and examples do not relate particularly to the work of the nurse. Take for instance, the discussion on deliquescent substances; the examples given are calcium chloride, caustic soda and potash, and phosphorus pentoxide. It would be much more helpful for the nurse, in addition to these examples, to know the names of the salts, used in the treatment of disease, which are deliquescent, since it will be her responsibility in many instances to keep them under proper conditions.

There are several good tables, one of which gives "Common Poisons and Their Antidotes," enumerating the name, aid in diagnosis, (such as the color of the stain which may be on the clothing, etc.), symptoms, antidote or treatment. Unfortunately the book is printed on highly glazed paper and there are a number of outstanding typographical errors.

The large number of text books on Chemistry for Nurses which are in the field shows decidedly that there is a need. We are still waiting for a Chemistry for Nurses which will make its applications more specifically to the work the nurse is called upon to do.

STELLA GOOSTRAY, R.N.,
Philadelphia, Pa.

PRINCIPLES OF HOME NURSING. By Emma L. Mohs, R.N. 307 pages. Illustrated. W. B. Saunders Company, Philadelphia.

The book, "Principles of Home Nursing," by Emma Louise Mohs, R.N., A.B., published by W. B. Saunders Company, has an admirable arrangement of subject matter for the lay person. The practical work, which so appeals to the non-professional, is introduced early, with the chapters on theory interposed to permit time for practice.

The wisdom of introducing Chapter

XIII, Part III, might be open to criticism as the introduction of sex hygiene in schools is still a mooted question. However, in the preface the author has specified the groups to which she hopes to introduce the book. I think the omission of that one chapter might assure a wider range of circulation for this very practical book.

FREDERIKA FARLEY, R.N.,
New York.

PROCEDURES IN NURSING. By Annabella McCrae, R.N. Part I. Preliminary Procedures. 261 pages. Illustrated. Whitcomb and Barrows, Boston. Price, $1.50.

Miss McCrae, who has been an instructor in the Massachusetts General School of Nursing for many years, has prepared this book in response to many requests for it, and to do away with the use of outlines by her students. It will be welcomed, particularly by all who follow the Massachusetts General tradition, who wish to keep up to date with the methods being used in their home school. Such volumes as this are also of great value to other instructors in practical procedures as a means of comparing and improving methods in use in their class rooms. Part II, which will appear shortly will take up advanced methods.

RUBBER AND GUTTA PERCHA INJECTIONS. By Charles Conrad Miller, M.D. Oak Printing and Publishing Co., Chicago.

An account of the subcutaneous use of rubber and gutta percha with a description of the technic, methods of preparation, and with illustrations showing different types of cured rubber.

SWEET MAGGIE MCGEE. By Brookes More. Cornhill Publishing Company, Boston. A new edition of the book formerly called Songs of a Red Cross Nurse. Price, $2.50.

RECOVERY RECORD. For use in tuberculosis. By Gerald B. Webb, M.D., and Charles T. Ryder, M.D. Paul B. Hoeber, Inc., New York. Price, $2.

THE MEDICAL DEPARTMENT OF THE UNITED STATES ARMY IN THE WORLD WAR. Volumes I and V. The Surgeon General's Office.

These volumes, in size and weight like small dictionaries, are handsomely bound and printed. They contain a wealth of material relating to military hospitals and their personnel. Chapter III, Section II, of Volume I, devoted to the Army Nurse Corps, was written by Dora E. Thompson, R.N.

HOSPITAL CORPS HANDBOOK. United States Navy, 1923. Compiled from articles prepared by officers of the Medical, Hospital and Nurse Corps. 681 pages. A library in one volume for the use of the Hospital Corps men.

AMERICAN HOSPITAL DIGEST AND DIRECTORY. A reference book for hospitals. A compilation of hospital, nursing and compensation laws, a complete list of hospitals in the United States and Canada; and a classified index of reliable sources of supply. The Crain Publishing Company, Chicago.

A book which, like our own list of Accredited Schools, will be found on every superintendent's desk for reference.

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